IDAHO ADMINISTRATIVE BULLETIN

April 1, 2020 – Vol. 20-4

Office of the Governor
Division of Financial Management
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PREFACE

The Idaho Administrative Bulletin is an electronic-only, online monthly publication of the Office of the Administrative Rules Coordinator, Department of Administration, that is published pursuant to Section 67-5203, Idaho Code. The Bulletin is a compilation of all official rulemaking notices, official rule text, executive orders of the Governor, and all legislative documents affecting rules that are statutorily required to be published in the Bulletin. It may also include other rules-related documents an agency may want to make public through the Bulletin.

State agencies are required to provide public notice of all rulemaking actions and must invite public input. This is done through negotiated rulemaking procedures or after proposed rulemaking has been initiated. The public receives notice that an agency has initiated proposed rulemaking procedures through the Idaho Administrative Bulletin and a legal notice (Public Notice of Intent) that publishes in authorized newspapers throughout the state. The legal notice provides reasonable opportunity for the public to participate when a proposed rule publishes in the Bulletin. Interested parties may submit written comments to the agency or request public hearings of the agency, if none have been scheduled. Such submissions or requests must be presented to the agency within the time and manner specified in the individual "Notice of Rulemaking - Proposed Rule" for each proposed rule that is published in the Bulletin.

Once the comment period closes, the agency considers fully all comments and information submitted regarding the proposed rule. Changes may be made to the proposed rule at this stage of the rulemaking, but changes must be based on comments received and must be a "logical outgrowth" of the proposed rule. The agency may now adopt and publish the pending rule. A pending rule is "pending" legislative review for final approval. The pending rule is the agency's final version of the rulemaking that will be forwarded to the legislature for review and final approval. Comment periods and public hearings are not provided for when the agency adopts a temporary or pending rule.

CITATION TO THE IDAHO ADMINISTRATIVE BULLETIN

The Bulletin is identified by the calendar year and issue number. For example, Bulletin 13-1 refers to the first Bulletin issued in calendar year 2013; Bulletin 14-1 refers to the first Bulletin issued in calendar year 2014. Volume numbers, which proceed from 1 to 12 in a given year, correspond to the months of publication, i.e.; Volume No. 13-1 refers to January 2013; Volume No. 13-2 refers to February 2013; and so forth. Example: The Bulletin published in January 2014 is cited as Volume 14-1. The December 2015 Bulletin is cited as Volume 15-12.

RELATIONSHIP TO THE IDAHO ADMINISTRATIVE CODE

The **Idaho Administrative Code** is an electronic-only, online compilation of all final and enforceable administrative rules of the state of Idaho that are of full force and effect. Any temporary rule that is adopted by an agency and is of force and effect is codified into the Administrative Code upon becoming effective. All pending rules that have been approved by the legislature during the legislative session as final rules and any temporary rules that are extended supplement the Administrative Code. These rules are codified into the Administrative Code upon becoming effective. Because proposed and pending rules are not enforceable, they are published in the Administrative Bulletin only and cannot be codified into the Administrative Code until approved as final.

To determine if a particular rule remains in effect or whether any amendments have been made to the rule, refer to the **Cumulative Rulemaking Index**. Link to it on the Administrative Rules homepage at adminrules.idaho.gov.

THE DIFFERENT RULES PUBLISHED IN THE ADMINISTRATIVE BULLETIN

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

1. NEGOTIATED RULEMAKING

Negotiated rulemaking is a process in which all interested persons and the agency seek consensus on the content of a rule through dialogue. Agencies are required to conduct negotiated rulemaking whenever it is feasible to do so. The agency files a "Notice of Intent to Promulgate - Negotiated Rulemaking" for publication in the Administrative Bulletin inviting interested persons to contact the agency if interested in discussing the agency's intentions regarding the rule changes. This process is intended to result in the formulation of a proposed rule and the initiation of regular rulemaking procedures. One result, however, may also be that regular (proposed) rulemaking is not initiated and no further action is taken by the agency.

2. PROPOSED RULEMAKING

A proposed rulemaking is an action by an agency wherein the agency is proposing to amend or repeal an existing rule or to adopt a new rule. Prior to the adoption, amendment, or repeal of a rule, the agency must publish a "Notice of Rulemaking - Proposed Rule" in the Bulletin. This notice must include very specific information regarding the rulemaking including all relevant state or federal statutory authority occasioning the rulemaking, a non-technical description of the changes being made, any associated costs, guidance on how to participate through submission of written comments and requests for public hearings, and the text of the proposed rule in legislative format.

3. TEMPORARY RULEMAKING

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

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

If a rulemaking meets one or more of these criteria, and with the Governor's approval, the agency may adopt and make a temporary rule effective prior to receiving legislative authorization and without allowing for any public input. The law allows an agency to make a temporary rule immediately effective upon adoption. A temporary rule expires at the conclusion of the next succeeding regular legislative session unless the rule is extended by concurrent resolution, is replaced by a final rule, or expires under its own terms.

4. PENDING RULEMAKING

A pending rule is a rule that has been adopted by an agency under regular rulemaking procedures and remains subject to legislative review before it becomes a final, enforceable rule. When a pending rule is published in the Bulletin, the agency is required to include certain information in the "Notice of Rulemaking - Pending Rule." This includes a statement giving the reasons for adopting the rule, a statement regarding when the rule becomes effective, a description of how it differs from the proposed rule, and identification of any fees being imposed or changed.

Agencies are required to republish the text of the pending rule when substantive changes have been made to the proposed rule. An agency may adopt a pending rule that varies in content from that which was originally proposed if the subject matter of the rule remains the same, the pending rule change is a logical outgrowth of the proposed rule, and the original notice was written so as to assure that members of the public were reasonably notified of the subject. It is not always necessary to republish all the text of the pending rule.

5. FINAL RULEMAKING

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

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 schematic. 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 that are further subdivided into subsections. An example IDAPA number is as follows:

IDAPA 38.05.01.200.02.c.ii.

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

1. "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"

"200." refers to Major Section 200, "Content of the Invitation to Bid"

"02." refers to Subsection 200.02.

"c." refers to Subsection 200.02.c.

"ii." refers to Subsection 200.02.c.ii.

DOCKET NUMBERING SYSTEM

Internally, the Bulletin is organized sequentially using a rule docketing system. Each rulemaking that is filed with the Coordinator is assigned a "DOCKET NUMBER." The docket number is a series of numbers separated by a hyphen "-", (38-0501-1401). Rulemaking dockets are published sequentially by IDAPA number (the two-digit agency code) in the Bulletin. The following example is a breakdown of a typical rule docket number:

"DOCKET NO. 38-0501-1401"

"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).

"1401" denotes the year and sequential order of the docket being published; in this case the numbers refer to the first rulemaking action published in **calendar year 2014**. A subsequent rulemaking on this same rule chapter in calendar year 2014 would be designated as "1402". The docket number in this scenario would be 38-0501-1402.

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)

BULLETIN PUBLICATION SCHEDULE FOR CALENDAR YEAR 2019

Vol. No.	Monthly Issue of Bulletin	ARRF Due to DFM	Closing Date for Agency Filing	Bulletin Publication Date	21-day Comment Period End Date
19-1	January 2019		*November 30, 2018	January 2, 2019	January 23, 2019
19-2	February 2019		January 4, 2019	February 6, 2019	February 27, 2019
19-3	March 2019		February 8, 2019	March 6, 2019	March 27, 2019
19-4	April 2019		March 8, 2019	April 3, 2019	April 24, 2019
19-5	May 2019	March 22, 2019	April 5, 2019	May 1, 2019	May 22, 2019
19-6	June 2019	April 19, 2019	May 3, 2019	June 5, 2019	June 26, 2019
19-7	July 2019	May 24, 2019	June 7, 2019	July 3, 2019	July 24, 2019
19-8	August 2019	June 21, 2019	July 5, 2019	August 7, 2019	August 28, 2019
19-9	September 2019	July 19, 2019	August 2, 2019	September 4, 2019	September 25, 2019
19-10	October 2019	August 16, 2019	**August 30, 2019	October 2, 2019	October 23, 2019
19-11	November 2019	September 20, 2019	October 4, 2019	November 6, 2019	November 27, 2019
19-12	December 2019	October 18, 2019	November 1, 2019	December 4, 2019	December 25, 2019

BULLETIN PUBLICATION SCHEDULE FOR CALENDAR YEAR 2020

Vol. No.	Monthly Issue of Bulletin	ARRF Due to DFM	Closing Date for Agency Filing	Publication Date	21-day Comment Period End Date
20-1	January 2020	November 15, 2019	*November 29, 2019	January 1, 2020	January 22, 2020
20-2	February 2020	December 20, 2019	January 3, 2020	February 5, 2020	February 26, 2020
20-3	March 2020	January 22, 2020	February 7, 2020	March 4, 2020	March 25, 2020
20-4	April 2020	February 21, 2020	March 6, 2020	April 1, 2020	April 22, 2020
20-5	May 2020	March 20, 2020	April 3, 2020	May 6, 2020	May 27, 2020
20-6	June 2020	April 24, 2020	May 1, 2020	June 3, 2020	June 24, 2020
20-7	July 2020	May 22, 2020	June 5, 2020	July 1, 2020	July 22, 2020
20-8	August 2020	June 19, 2020	July 3, 2020	August 5, 2020	August 26, 2020
20-9	September 2020	July 24, 2020	August 7, 2020	September 2, 2020	September 23, 2020
20-10	October 2020	August 21, 2020	**August 28, 2020	October 7, 2020	October 28, 2020
20-11	November 2020	September 18, 2020	October 2, 2020	November 4, 2020	November 25, 2020
20-12	December 2020	October 23, 2020	November 6, 2020	December 2, 2020	December 23, 2020

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

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

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THE OFFICE OF THE GOVERNOR

EXECUTIVE DEPARTMENT STATE OF IDAHO BOISE EXECUTIVE ORDER NO. 2020-03

FAMILIES FIRST ACT

WHEREAS, Idaho state government employs thousands of Idahoans, many of whom are starting and growing their families with the birth or adoption of children; and

WHEREAS, Idaho is a state that encourages and fosters strong families as the bedrock of our society; and

WHEREAS, bonding between parents and children when a child is born or adopted is an essential part of establishing deep connections and meaningful lifelong attachment between parents and children; and

WHEREAS, Idaho state government will retain an effective workforce by making it possible for families to spend as much time as possible with newborn or adopted children in the weeks immediately after they come into the family; and

WHEREAS, leaders and managers within Idaho state government should encourage flexibility to the extent possible with mothers and fathers returning to state service after the birth or adoption of a child;

NOW, THEREFORE, I, Brad Little, Governor of the State of Idaho, by virtue of the authority vested in me by the Constitution and laws of this state, do hereby order that the Idaho Division of Human Resources issue a policy and any necessary rule changes for all State of Idaho executive branch entities to offer eight weeks of paid parental leave as a separate benefit to eligible employees after the birth or adoption of a child, effective July 1, 2020. Other state elected officials, independent commissions, legislature, and judiciary are encouraged to adopt comparable policies for their employees.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho in Boise on this 22nd day of January in the year of our Lord two thousand and twenty and of the Independence of the United States of America the two hundred forty-fourth and of the Statehood of Idaho the one hundred thirtieth.

BRAD LITTLE GOVERNOR

THE OFFICE OF THE GOVERNOR

EXECUTIVE DEPARTMENT STATE OF IDAHO BOISE EXECUTIVE ORDER NO. 2020-04

CREATING THE IDAHO BEHAVIORAL HEALTH COUNCIL

WHEREAS, tremendous social and economic value will inure to the people of Idaho with the strategic development of a more effective behavioral health system which is devised, implemented, and sustained statewide; and

WHEREAS, all three branches of Idaho government, local governments, and community partners play an integral role in ensuring a reliable and productive behavioral health system for the people of Idaho; and

WHEREAS, behavioral health issues, consisting of mental health and substance use disorders, are currently both chronic and pervasive, detrimentally impacting both a significant and growing portion of Idaho's population, as well as the economy of Idaho; and

WHEREAS, Idaho has demonstrated a commitment to improving the behavioral health system and has previously made considerable improvements to the system; and

WHEREAS, despite the state having already invested significant resources to meet the needs, the Idaho behavioral health system continues to require a more coordinated, integrated, and collaborative structure; and

WHEREAS, an organized and strategic response, developed and implemented collaboratively, provides an unprecedented opportunity for continued improvement and sustained access to effective behavioral health outcomes for Idahoans, and a better return on the investment of public resources.

NOW, THEREFORE, I, Brad Little, Governor of the State of Idaho, by virtue of the authority vested in me under the Constitution and the laws of the State of Idaho, do hereby establish the Idaho Behavioral Health Council ("Council"), and in so doing do also order that:

- 1. The scope and mission of the Council is to:
 - a. Bring together all three branches of state government, local governments and community partners to develop a recommended statewide strategic plan; and
 - b. Oversee the implementation of the approved statewide strategic plan, ensuring an effective, efficient, recovery-oriented behavioral healthcare system for all Idahoans in need of those services.
- 2. The statewide strategic plan will:
 - a. Define a plan to inventory current expenditures, utilization, and accessibility;
 - b. Assess the effectiveness and efficiency of the current system, including where more efficient organization and effective coordination of existing resources could create better outcomes;
 - c. Determine Idaho citizen's unique needs via broad stakeholder input and known best practices, and
 - d. Recommend actions that will materially improve Idaho's behavioral health system.
- 3. The Council will produce the statewide strategic plan recommendation by October 31, 2020 which will be delivered to the Governor, the Chief Justice, the Speaker of the House of Representatives, and the President Pro Tempore of the Senate.

- 4. The Council shall consist of thirteen (13) members. The Council's membership shall be as follows:
 - a. Ex Officio Members:
 - i. The Administrative Director of the State Courts or designee;
 - ii. The Director of the Idaho Department of Correction or designee;
 - iii. The Director of the Idaho Department of Health and Welfare or designee
 - iv. The Director of the Idaho Department of Juvenile Corrections or designee.
 - b. Members appointed by the Governor:
 - i. A representative from the Idaho Department of Education;
 - ii. One (1) county elected official;
 - iii. One (1) member of the public.
 - c. Members appointed by the Chief Justice:
 - i. A presiding judge of a treatment court;
 - ii. One (1) member of the public.
 - d. Legislators:
 - i. One (1) member of the House of Representatives appointed by the Speaker of the House of Representatives;
 - *ii.* One (1) member of the House of Representatives appointed by the Minority Leader of the House of Representatives;
 - iii. One (1) senator appointed by the President Pro Tempore of the Senate;
 - iv. One (1) senator appointed by the Minority Leader of the Senate;
- 5. The Director of the Department of Health and Welfare or designee and the Administrative Director of the State Courts or designee shall serve as co-chairs of the Council.
- 6. All members of the Council, except ex officio members, serve at the pleasure of their respective appointing authority.
- 7. The Council shall receive administrative support from the agencies or departments represented by the co-chairs of the Council.
- 8. The Council shall create an advisory board to assist and advise the Council. The Council should consider including on the advisory board, but is not limited to, the following:
 - a. An adult consumer of behavioral health services;
 - b. Family of a child consumer of behavioral health services;
 - c. A representative from the Idaho Medical Association Primary Care;
 - d. A representative from the Idaho Psychiatric Association;
 - e. A representative from the Idaho Hospital Association;
 - f. A substance use disorder provider;
 - g. A mental health provider;
 - h. A representative from a public health district;
 - i. A representative from the Idaho Sheriff's Association;
 - j. A representative from the Idaho Chiefs of Police Association;
 - k. A representative from the Idaho Prosecuting Attorney's Association;
 - *l.* The State Appellate Public Defender or designee;
 - m. A representative from the Office of Drug Policy
 - n. At least one (1) tribal representative; and
 - o. Any additional advisory board members the Council deems necessary



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho in Boise on this 19th day of February in the year of our Lord two thousand and twenty and of the Independence of the United States of America the two hundred forty-fourth and of the Statehood of Idaho the one hundred thirtieth.

BRAD LITTLE GOVERNOR

THE OFFICE OF THE GOVERNOR

EXECUTIVE DEPARTMENT STATE OF IDAHO BOISE EXECUTIVE ORDER NO. 2020-05

TEMPORARY REDUCTION OF GENERAL FUND SPENDING AUTHORITY

WHEREAS, article 7, section 11, of the Idaho Constitution provides that except in extraordinary circumstances, expenditures of state government shall not exceed state government revenue; and

WHEREAS, I have determined that expenditures from the General Fund authorized by the Legislature for the current fiscal year will likely exceed anticipated state revenue to meet those authorized expenditures for the current fiscal year due to the ongoing 2019 Novel Coronavirus (COVID-19) pandemic;

NOW, THEREFORE, I, Brad Little, Governor of the State of Idaho, by the authority vested in me under the Constitution and laws of this state, and pursuant to Section 67-35l 2A, Idaho Code, do hereby order:

- 1. That the General Fund appropriation on file in the Office of the State Controller, in addition to the amount addressed within House Bill 557 (2020), be reduced for all departments, offices and institutions of the state by one percent (1%) of their Fiscal Year 2020 General Fund Appropriation. Exceptions may be granted by DFM for agencies with essential personnel providing direct support to the state's COVID-19 pandemic response or providing direct healthcare services for Idahoans.
- 2. That each department, office and institution shall notify the Office of the State Controller and the Division of Financial Management of the Executive Office of the Governor of budget changes by May 15, 2020.
- 3. That elected State Constitutional officials are requested to assess and evaluate a reduction in General Fund expenditures for Fiscal Year 2020 to reflect the realities of the projected revenue shortfall without impairing the discharge of their constitutional duties.
- 4. That officers of the legislative and judicial branches are requested to assess and evaluate a reduction in General Fund expenditures for Fiscal Year 2020 to reflect the realities of the projected revenue shortfall without impairing the discharge of their constitutional duties.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho at the Capitol in Boise on this twenty-seventh (27th) day of March in the year of our Lord two thousand and twenty.

BRAD LITTLE GOVERNOR

THE OFFICE OF THE GOVERNOR

EXECUTIVE DEPARTMENT STATE OF IDAHO BOISE

EXECUTIVE ORDER NO. 2020-06

AUTHORIZING THE TRANSFER OF FUNDS TO THE DISASTER EMERGENCY ACCOUNT

WHEREAS, I issued a proclamation on March 13, 2020, declaring a state of emergency in the State of Idaho pursuant to Chapter 10, Title 46, Idaho Code, due to the occurrence and imminent threat to public health and safety arising from the effects of the 2019 novel coronavirus (COVID-19); and

WHEREAS, I issued a proclamation on March 25, 2020, declaring a state of extreme emergency in the State of Idaho pursuant to Chapter 6, Title 46, Idaho Code, due to the increasing occurrence and threat to public health and safety arising from the effects of COVID19; and

WHEREAS, each of those Proclamation remains in effect today; and

WHEREAS, significant financial obligations and expenses have been and will be incurred by various departments and agencies of the state of Idaho in responding to and assisting in efforts to deal with the COVID-19 pandemic; and

WHEREAS, all funds in the Disaster Emergency Account established by Section 46-1005A, Idaho Code, have or soon will be expended; and

WHEREAS, funds in the general account may not be available to transfer to the Disaster Emergency Account under the requirements set forth in Idaho Code Section 46-1005A(2)(b) given the ongoing COVID-19 pandemic and the uncertainty surrounding its impact on state revenue collection; and

WHEREAS, funds in other eligible accounts, as provided in Idaho Code Section 46-1005A(2)(c) are available for transfer to the Disaster Emergency Account; and

WHEREAS, it is my judgment, as Governor of the state of Idaho, that any moneys transferred from the Tax Relief Fund, established in Section 57-811, Idaho Code, up to the limits provided below would not be required to support the current year's appropriation of the affected account.

NOW, THEREFORE, I, Brad Little, Governor of the State of Idaho, by virtue of the authority vested in me by the Constitution and laws of this state, do hereby order that:

- 1. The state controller is directed to transfer \$39,300,000 from the Tax Relief Fund, established in Section 57-811, Idaho Code, to the Disaster Emergency Account, created by Section 46-1005A, Idaho Code, on or before April 1, 2020.
- 2. In no event may the revenues made available under this executive order exceed, during any fiscal year, one percent (1%) of the annual appropriation of general account moneys for the fiscal year.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho in Boise on this 27th day of March at 5:45 p.m. Mountain Time in the year of our Lord two thousand and twenty.

BRAD LITTLE GOVERNOR

IDAPA 02 – DEPARTMENT OF AGRICULTURE

02.01.06 – RULES GOVERNING THE LABELING OF HEMP RECEPTACLES DOCKET NO. 02-0106-2002 (NEW CHAPTER) NOTICE OF RULEMAKING – ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is March 20, 2020.

AUTHORITY: In compliance with Sections 67-5226, Idaho Code, notice is hereby given this agency has adopted a temporary rule. The action is authorized pursuant to Sections 22-103 and 22-702, Idaho Code, Executive Order No. 2019-13, and the 2018 Farm Bill.

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

These rules govern the requirements for the labeling of hemp receptacles for transportation of hemp through the state of Idaho.

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

The ISDA was directed by executive order to promulgate these rules because executive action is needed to temporarily resolve the conflict between state and federal law with respect to interstate transportation of hemp until a more permanent solution on interstate transportation and production is enacted by the Legislature.

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

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Chanel Tewalt, Chief Operating Officer, (208) 332-8615.

Dated this 19th day of March, 2020.

Chanel Tewalt Chief Operating Officer Idaho State Department of Agriculture 2270 Old Penitentiary Road PO Box 7249 Boise, Idaho 83707 Phone (208) 332-8615 Fax (208) 33-2170

THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE FOR DOCKET NO. 02-0106-2002 (New Chapter)

02.01.06 - RULES GOVERNING THE LABELING OF HEMP RECEPTACLES

000. LEGAL AUTHORITY.

01. General. The Director of the Idaho State Department of Agriculture has general rulemaking authority on farm products, receptacles, and labels pursuant to Sections 22-103(7) and 22-702, Idaho Code.

(3-20-20)T

O2. Specific. By Executive Order No. 2019-13, the Director of the Idaho State Department of Agriculture was directed by the Governor to engage in rulemaking concerning hemp transportation through the State of Idaho, in light of the 2018 Farm Bill. (3-20-20)T

001. TITLE AND SCOPE.

- **01. Title**. The title of this chapter is "Rules Governing the Labeling of Hemp Receptacles." (3-20-20)T
- **02. Scope**. These rules govern the requirements for the labeling of hemp receptacles for transportation of hemp through the state of Idaho. (3-20-20)T

002. -- 009. (RESERVED)

010. **DEFINITIONS.**

- **2014 Farm Bill.** The Agricultural Act of 2014. Pub. Law No. 113-79, 128 Stat. 649. (3-20-20)T
- **02. 2018 Farm Bill**. The Agricultural Improvement Act of 2018. Pub. Law No. 115-334, 132 Stat. 4490.
- **03. Bill of Lading.** A shipping document containing the shipment contents, origination, including lot number, and destination of the farm product, the weight of the load, and the type of vehicle hauling or transporting the farm product. This form will be available on the Department website, https://agri.idaho.gov/. (3-20-20)T
 - **O4.** Department. The Idaho State Department of Agriculture.
- **O5. Driver Affirmation.** A form provided by the Department signed by the driver of a vehicle hauling or transporting hemp stating that his or her vehicle contains no illicit drugs or variations of hemp not explicitly authorized by the 2014 Farm Bill or the 2018 Farm Bill. This form will be available on the Department website, https://agri.idaho.gov/. (3-20-20)T
 - **06.** Entity. As defined in 7 C.F.R. §§990.1. (3-20-20)T
 - **07. Farm Product**. As defined in Section 22-701, Idaho Code. (3-20-20)T
- **98. Hemp**. As defined in Section 7 U.S.C. §16390 and as measured in conformance with 7 CFR § (3-20-20)T
 - **O9. Indian Tribe.** As defined in Section 7 U.S.C. §1639o. (3-20-20)T
- 10. Inspection Report. A report given to transporters upon completion of the hemp inspection at the port of entry or roadside confirming all required documents were presented and whether any samples of the hemp were taken.

 (3-20-20)T

- 11. Laboratory Report. A laboratory results report which confirms each lot of hemp complies with the 2014 Farm Bill or the 2018 Farm Bill, as provided in 7 C.F.R. §§990.70(d) and 990.71(d), and which was produced by a DEA-registered laboratory. (3-20-20)T
- 12. Lawful-Hemp Verification. A written verification that the hemp being transported was produced by a grower or producer duly-licensed by a state or Indian Tribe authorized to regulate hemp production under the 2014 Farm Bill or the 2018 Farm Bill or an equivalent USDA hemp producer license. The hemp production license for the producer of the hemp being transported, or a copy thereof, must be attached. This form will be available on the Department website, https://agri.idaho.gov/. (3-20-20)T

13. Lot. As defined in 7 C.F.R. §990.1. (3-2)
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- **14.** Peace Officer. As defined in Section 19-5101, Idaho Code. (3-20-20)T
- **15. Producer**. As defined in 7 C.F.R. §990.1. (3-20-20)T
- **16.** Receptacle. Any container in which farm products are held or stored. (3-20-20)T
- 17. State. As defined in Section 7 U.S.C. §1639o. (3-20-20)T
- **18. Transporter**. Any person, individual, partnership, corporation, association, grower, farmer, producer or any other entity engaged in hauling, transporting, delivering, otherwise moving hemp in interstate commerce through the state of Idaho. (3-20-20)T
- **19. Vehicle**. As defined in Section 49-123, Idaho Code, when capable of transporting a farm product receptacle. (3-20-20)T

011. ABBREVIATIONS.

- **01. DEA**. The United States Drug Enforcement Administration. (3-20-20)T
- **02. ISP**. The Idaho State Police. (3-20-20)T
- **03. ITD**. The Idaho Transportation Department. (3-20-20)T
- **04.** USDA. The United States Department of Agriculture. (3-20-20)T

012. -- 099. (RESERVED)

100. VERIFICATION OF FARM PRODUCTS.

Any transporter or vehicle carrying one or more receptacles of hemp shall have the affirmative duty to stop at the first port of entry encountered in the state of Idaho to declare the presence of any hemp. No transporter or vehicle carrying receptacles of hemp shall proceed past or travel through an established or temporary port of entry during its hours of operation while transporting hemp without presenting the hemp for inspection. Should the first established or temporary port of entry be closed for operations, the transporter or vehicle must stop at the first available port of entry.

(3-20-20)T

101. LABELING.

All receptacles, open or closed, of hemp must be labeled with the name and address of the producer, the quantity of the hemp, and the lot number associated with the hemp.

(3-20-20)T

102. DOCUMENTATION REQUIRED.

Receptacles of hemp shall be inspected and documentation will be reviewed for the purpose of showing and preventing deception in the name and address of the producer, the quantity, and nature of the product. All receptacles of hemp must be labeled in accordance with Section 101 of these rules and be accompanied by a written, legible record attesting to the compliance of the farm product to the 2014 Farm Bill or the 2018 Farm Bill by including:

01.	Driver Affirmation;	(3-20-20)T
02.	Lawful-Hemp Verification;	(3-20-20)T
03.	Laboratory Report; and	(3-20-20)T
04.	Bill of Lading.	(3-20-20)T

103. INSPECTION REPORT.

Once the hemp inspection is complete at the port of entry or roadside, hemp transporters will be given an inspection report. (3-20-20)T

104. **DELEGATION.**

The Department may contract with the ISP and the ITD or other state agency as necessary to efficiently carry out these rules.

(3-20-20)T

105. EFFECTIVE DATE.

These rules are effective upon adoption. These rules apply prospectively and nothing within these rules shall authorize or be interpreted to apply to hemp transported in the State of Idaho prior to these rules being adopted.

(3-20-20)T

106. -- 999. (RESERVED)

IDAPA 02 – DEPARTMENT OF AGRICULTURE

02.04.14 – RULES GOVERNING DAIRY BYPRODUCT DOCKET NO. 02-0414-2001 (NEW CHAPTER) NOTICE OF RULEMAKING – ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is March 20, 2020.

AUTHORITY: In compliance with Sections 67-5226, Idaho Code, notice is hereby given this agency has adopted a temporary rule. The action is authorized pursuant to Section 37-603, Idaho Code.

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

This temporary rulemaking re-adopts a previously adopted temporary rule that was not approved for extension by the 2020 legislature as required for its continued enforcement.

The rules governing dairy byproduct outline standards for dairy environmental management plans governing the storage, containment and land application of dairy byproduct. The rule sets limits on certain nutrient loading at land application sites and establishes prohibitions of discharges of dairy byproduct beyond property boundaries and/or into waters of the state.

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

This temporary rule is necessary to protect the public health, safety, and welfare of the citizens of Idaho and confer a benefit on its citizens. This temporary rule implements the duly enacted laws of the state of Idaho, provides citizens with the detailed rules and standards for complying with those laws, and assists in the orderly execution and enforcement of those laws. The expiration of this rule without due consideration and processes would undermine the public health, safety and welfare of the citizens of Idaho and deprive them of the benefit intended by this rule.

FEE SUMMARY: No fee or charge is imposed or changed through this rulemaking.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Dr. Scott Leibsle (208) 332-8614.

Dated this 19th day of March, 2020.

Brian Oakey Deputy Director Idaho Department of Agriculture 2270 Old Penitentiary Road P.O. Box 7249 Boise, Idaho 83707

Phone: (208) 332-8550 Fax: (208) 334-2710

THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE FOR DOCKET NO. 02-0414-2001

02.04.14 - RULES GOVERNING DAIRY BYPRODUCT

000. LEGAL AUTHORITY.

This chapter is adopted under the legal authority of Title 37, Chapters 3, 4, and 6, Idaho Code.

(3-20-20)T

001. TITLE AND SCOPE.

- **01. Title**. The title of this chapter of the Idaho State Department of Agriculture is IDAPA 02.04.14, "Rules Governing Dairy Byproduct." (3-20-20)T
- **O2. Scope.** This chapter has the following scope: These rules govern the Department's review, approval, and enforcement of dairy environmental management plans to ensure that dairy environmental management systems are constructed, operated and maintained in a manner that protects the natural resources of the state. This section's citation is 37-602(2), Idaho Code. Nothing in this rule affects the authority of the department of environmental quality to enforce an IPDES permit for dairy farms that discharge pollutants to waters of the United States, including without limitation, the authority to issue permits, access records, conduct inspections and take enforcement actions. The provisions of this rule do not alter the requirements, liabilities, and authorities with respect to or established by the IPDES program. (3-20-20)T

002. WRITTEN INTERPRETATIONS.

There are no written interpretations of these rules.

(3-20-20)T

003. ADMINISTRATIVE APPEAL.

Hearing and appeal rights are set forth in Title 67, Chapter 52, Idaho Code. There is no provision for administrative appeal before the Department of Agriculture under these rules. (3-20-20)T

004. INCORPORATION BY REFERENCE.

The following documents are incorporated by reference into this chapter.

- 01. Natural Resources Conservation Service Agricultural Waste Management Field Handbook Appendix 10D (Appendix 10D) (1997 Edition) (USDA, NRCS). This document is available online at https://agri.idaho.gov/main/wp-content/uploads/2017/08/nrcs_10d_1997.pdf. (3-20-20)T
- **02. Nutrient Management Standard (NMS)**. The 1999 publication by the United States Department of Agriculture (USDA) Natural Resources Conservation Service (NRCS) Idaho Conservation Practice Standard, Nutrient Management Code 590, available online at https://agri.idaho.gov/main/wp-content/uploads/2017/08/nutrient_Management_code_590.pdf. (3-20-20)T
- 03. Natural Resources Conservation Service (NRCS) Idaho Conservation Practice Standard Waste Storage Facility Code 313 December 2004. This document is available online at https://agri.idaho.gov/main/wp-content/uploads/2017/10/nrcs 313 Dec 2004.pdf. (3-20-20)T
- **O4.** American Society of Agricultural and Biological Engineers Specification ASAE EP393.3 Manure Storages February 2004. This document is part of a copyrighted publication and is available for viewing at the ISDA offices or a copy may be purchased online at http://www.asabe.org/. (3-20-20)T
- **05. Natural Resources Conservation Service (NRCS) Web Soil Survey Database.** This document is available online at https://websoilsurvey.sc.egov.usda.gov/App/WebSoilSurvey.aspx. (3-20-20)T
 - 06. Natural Resources Conservation Service (NRCS) Part 630, Hydrology National Engineering

Handbook, Chapter 7, (Hydrologic Soil Groups), January 2009. This document is available online at https:// www.wcc.nrcs.usda.gov/ftpref/wntsc/H&H/NEHhydrology/ch7.pdf. (3-20-20)T

The Phosphorus Site Index: A Systematic Approach to Assess the Risk of Nonpoint Source Pollution of Idaho Waters by Agricultural Phosphorus, 2017. This document is available online at https:// agri.idaho.gov/main/wp-content/uploads/2018/12/Phosphorus-Site-Index-reference-2017-revised.pdf. (3-20-20)T

ADDRESS, OFFICE HOURS, TELEPHONE, FAX NUMBERS, WEB ADDRESS.

The Idaho State Department of Agriculture central office is located at 2270 Old Penitentiary Road, Boise, ID 83712-8298. The office is open from 8 a.m. to 5 p.m., except Saturday, Sunday, and legal holidays. The mailing address is PO Box 7249, Boise, Idaho 83707. The phone number is (208) 332-8500 and the fax number is (208) 334-2170. The Department web address is https://agri.idaho.gov/. (3-20-20)T

PUBLIC RECORDS ACT COMPLIANCE.

These rules are public records and are available for inspection and copying at the Idaho State Department of Agriculture. (3-20-20)T

007. -- 009. (RESERVED)

010. **DEFINITIONS.**

The following definitions apply in the interpretation and enforcement of this chapter:

(3-20-20)T

- Agricultural Stormwater Discharge. A precipitation-related discharge of dairy byproducts from land areas under the control of a dairy farm where the dairy byproducts have been mechanically land applied in (3-20-20)Taccordance with an approved nutrient management plan.
- Best Management Practice. A practice, technique, or measure that is determined to be a reasonable precaution, a cost-effective and practicable means of preventing or reducing the discharge of pollutants from a point source or a nonpoint source to a level compatible with environmental goals, including water quality (3-20-20)Tgoals and standards.
- Certified Planner. A person who has completed nutrient management certification in accordance with the Nutrient Management Standard (NMS) and is approved by the Department. (3-20-20)T
- Certified Soil Sampler. An individual qualified and approved by the Department to collect soil samples according to the 1997 University of Idaho Soil Sampling protocols or other method as approved by the Department. (3-20-20)T
 - **05.** Dairy Animal. Milking cows, sheep or goats.

(3-20-20)T

Dairy Byproduct. Solids and liquids associated with dairy animal rearing and milk production including, but not limited to, manure, manure compost, process water, bedding, spilled feed, and feed leachate.

- Dairy Environmental Management Plan. A plan for managing a dairy environmental 07. management system. The dairy environmental management plan shall consist of dairy storage and containment facilities criteria and a dairy nutrient management plan that are approved by the Director. (3-20-20)T
- Dairy Environmental Management System. The areas and structures within a dairy farm where dairy byproducts are collected, stored, treated, or applied to land. These areas and structures may include corrals, feeding areas, collection systems, conveyance systems, storage ponds, treatment lagoons, and evaporative ponds and land application areas, but do not include pastures as defined in these rules. (3-20-20)T
- Dairy Farm. The land owned or operated by a person as an integral component of a Departmentpermitted grade A or manufacture grade facility where one (1) or more milking cows, sheep, or goats are kept, and from which all or a portion of the milk produced thereon is delivered, sold or offered for sale for human consumption. A dairy farm does not include those lands that contain non-dairy animals provided a physical separation exists from

lands owned or operated by the dairy, byproducts remain separate, and dairy animals are not comingled with non-dairy animals. (3-20-20)T

- **10. Dairy Nutrient Management Plan (DNMP).** A plan prepared in conformance with the NMS for managing the land application of dairy byproducts that is prepared by a certified planner and approved by the Department. (3-20-20)T
- 11. Dairy Storage and Containment Facilities. The areas and structures within a dairy farm where dairy byproducts are collected, stored, or treated in conformance with engineering standards and specifications published by the USDA Natural Resources Conservation Service or by the ASABE, or other equally protective criteria approved by the Director. These areas may include corrals, feeding areas, collection systems, conveyance systems, storage ponds, treatment lagoons, evaporative ponds, and compost areas, but do not include pastures as defined in these Rules.

 (3-20-20)T
 - **12. Department**. The Idaho State Department of Agriculture. (3-20-20)T
 - **13. Director**. The Director of the Idaho State Department of Agriculture or his designee. (3-20-20)T
 - **Export.** The delivery of dairy byproducts from a dairy farm to a third party for the third party's use. (3-20-20)T
- **15. Fieldman**. An individual qualified and approved by the Department to perform dairy farm inspections. (3-20-20)T
- **16. Idaho Pollutant Discharge Elimination System (IPDES)**. Idaho's program for issuing, modifying, revoking and reissuing, terminating, monitoring and enforcing permits, and imposing and enforcing pretreatment requirements, under these rules and the Clean Water Act sections 307, 402, 318, and 405. (3-20-20)T
- **17. Inspector**. A qualified, trained person employed by the Department to perform dairy farm inspections. (3-20-20)T
- **18.** Land Application. Mechanical spreading on, or incorporating into the soil mantle, dairy byproduct as a soil amendment for agricultural use of nutrients and for other beneficial purposes. Land application does not include pasturing animals as defined in these rules. (3-20-20)T
- 19. Modification or Modified. Structural changes and alterations to the dairy storage and containment facility that would require increased storage or containment capacity or the function of the facility. (3-20-20)T
- **20. Non-Compliance**. A practice or condition that does not meet the requirements of a dairy environmental management plan. Noncompliance does not include an upset condition. (3-20-20)T
- 21. Nutrient Management Standard (NMS). Criteria for managing the land application of nutrients and soil amendments published in the USDA NRCS conservation practice standard nutrient management code 590 or other equally protective criteria approved by the Director. (3-20-20)T
- **22. Pasture, Pasturing, and Pastured.** For purposes of these rules, a pasture is an irrigated or dryland field with forage plant growth covering a minimum of fifty percent (50%) of the field. Pasturing and pastured is dairy animals and other animals owned, leased, or otherwise under the control of the producer, grazing in the same dairy farm pasture.

 (3-20-20)T
- **23. Permit.** A permit issued by the Department allowing the sale of Grade A milk or manufacture grade milk. (3-20-20)T
- **24. Person**. Any individual, partnership, association, 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 that is recognized by law as the subject of rights and duties. (3-20-20)T

- **25. Phosphorus Site Index**. A method to evaluate the relative potential for off-site movement of phosphorus from a field or pasture based upon risk factors relating to surface transport, phosphorus loss potential and nutrient management practices. (3-20-20)T
- **26. Process Water**. Water directly or indirectly used or produced in dairy animal rearing, milk production and environmental management processes including, but not limited to: (3-20-20)T
 - **a.** Excess milk: spillage or overflow from watering, washing, spraying or cooling dairy animals; (3-20-20)T
- **b.** Water containing dairy manure: water used in washing, cleaning, or flushing barns, manure pits and other areas involved in the milk production and environmental management processes; (3-20-20)T
 - **c.** Water used for dust control; and (3-20-20)T
- **d.** Water that comes into contact with any raw materials, products, or byproducts of the dairy production and environmental management processes. (3-20-20)T
 - **27. Producer**. The person who owns or operates a permitted dairy farm. (3-20-20)T
- **28. Unauthorized Discharge**. A discharge of pollutants from a dairy farm to waters of the United States as defined in the federal clean water act that is required to be but is not authorized by an IPDES permit. Unauthorized discharge does not include an upset condition or agricultural stormwater discharge. (3-20-20)T
- **29. Unauthorized Release**. A release of dairy byproducts to ground water or surface waters of the state that are not waters of the United States or beyond land owned or operated by the dairy farm that results from a dairy farm's failure to comply with its environmental management plan. Unauthorized release shall not include an upset condition, an agricultural stormwater discharge or infiltration from storage and containment facilities that is within engineering standards and specifications published by the USDA, NRCS or by the ASABE, or other equally protective criteria approved by the Director. (3-20-20)T
- **30. Upset Condition.** Precipitation, earthquake, vandalism, or other occurrence beyond the control of the dairy farm owner or operator that exceeds criteria for storage and containments facilities and nutrient management in an approved environmental management plan. (3-20-20)T

011. ABBREVIATIONS.

01	ASARE American	Society of	Agricultural and Biological Engineers.	(3-20-20)T
UI.	ASADE. American	I Society of	Agriculturar and biological Engineers.	(3-20-2011

- **02. IPDES**. Idaho Pollutant Distribution Elimination System. (3-20-20)T
- **03.** NMS. Nutrient Management Standard (3-20-20)T
- **04.** NRCS. Natural Resources Conservation Service. (3-20-20)T
- **05.** USDA. United States Department of Agriculture. (3-20-20)T

012. -- 029. (RESERVED)

030. DAIRY ENVIRONMENTAL MANAGEMENT PLAN APPROVAL.

The Department is authorized to approve environmental management plans, as provided in Section 37-606A, Idaho Code. (3-20-20)T

01. Dairy Storage and Containment Facility Criteria.

(3-20-20)T

a. Dairy storage and containment facilities shall be constructed to meet a minimum of one hundred eighty (180) days of holding capacity. Process water containment structures that are utilized as the secondary or final

storage for effluent shall have a minimum two (2) vertical feet of freeboard.

(3-20-20)T

- b. Earthen dairy storage and containment facilities less than ten (10) vertical feet high with a maximum high water line of eight (8) vertical feet shall be required to have a top embankment width of at least eight (8) feet and a minimum of one (1) vertical foot of freeboard shall be maintained. The combined inside and outside embankment slopes must be at least five (5) horizontal to one (1) vertical, and neither slope shall be steeper than two (2) horizontal to one (1) vertical. Earthen dairy storage and containment facilities with outside embankments higher than ten (10) vertical feet from the naturally occurring ground level shall meet the NRCS Idaho Conservation Practice Standard Waste Storage Facility Code 313 December 2004 embankment requirements as incorporated by reference in Subsection 004.03 of these rules.
- c. The inside bottom of the dairy storage and containment facility shall be a minimum of two (2) feet above the high water table, bed rock, gravel, or permeable soils. For an earthen dairy storage and containment facility, a soil liner shall be installed such that the specific discharge rate of the containment structure meet 1 x 10-6 cm3/cm2/sec or less as described in Appendix 10D. Concrete or synthetic liners must be constructed to the American Society of Agricultural and Biological Engineers Specification ASABE EP393.3 Manure Storages February 2004 and Appendix 10D as incorporated by reference in Section 004 of these rules. (3-20-20)T
- **d.** Storage areas for dairy byproduct, including compost and solid manure storage areas, shall be located on approved soils and appropriately protected to prevent run on and run off. (3-20-20)T
- **e.** Dairy environmental management systems shall be maintained in a condition that allows the producer to regularly inspect the integrity of the systems. (3-20-20)T
- **O2. Dairy Nutrient Management Plan (DNMP)**. Except as provided below, each dairy farm shall have a dairy nutrient management plan that is approved by the Department and included in the dairy farm's environmental management plan. The DNMP shall cover the dairy farm site and other land owned and operated by the dairy farm owner or operator to which dairy byproducts are land applied. A new dairy farm governed by the IPDES program is not required to submit a DNMP to the Department. An existing dairy farm with an approved DNMP that has a discharge to waters of the U.S. that requires an IPDES permit must comply with the nutrient management plan requirements under the IPDES rules and IPDES permit, notwithstanding the Department approved DNMP. Requirements to comply with the provisions of a DNMP include the following: (3-20-20)T
- **a.** Producer annual soil tests shall be conducted as set forth in IDAPA 02.04.30, "Rules Governing Nutrient Management." (3-20-20)T
- **b.** Regulatory soil tests will be conducted at frequencies sufficient to provide assurance of compliance with Section 031 and with IDAPA 02.04.30, "Rules Governing Nutrient Management." (3-20-20)T
 - **c.** Accurate DNMP records shall be maintained. These records shall include at a minimum:

(3-20-20)T

- i. Regulatory soil samples shall be taken by a Certified Soil Sampler and tested by a laboratory that meets the requirements and performance standards of the North American Proficiency Testing Program under the auspices of the Soil Science Society of America outlined in the NMS, as incorporated by reference in Subsection 004.02, as part of NMS 590 or other methods as approved by the Department; (3-20-20)T
 - ii. Annual soil analysis;

(3-20-20)T

- iii. Date and amount of dairy byproduct and commercial fertilizer applied to individual dairy owned or operated fields; (3-20-20)T
- iv. Date(s) of exported dairy byproduct, number of acres applied, amount of dairy byproduct exported, and to whom dairy byproduct was exported; and (3-20-20)T
 - v. Actual crop yields on dairy owned or operated fields.

- vi. A nitrogen management plan worksheet (pages 35-36 of the 2017 Idaho Phosphorus Site Index Standards) shall be completed for all fields and pastures receiving land application of nutrients. (3-20-20)T
- **d.** Pasturing. Pastures utilized for grazing of dairy animals, and other animals owned, leased or otherwise under the control of a producer within the same pasture, shall be incorporated in and subject to the DNMP. These pastures are also subject to the following requirements: (3-20-20)T
- i. Soil testing. Soil tests shall be conducted pursuant to the NMS and Section 031 on all lands utilized as pasture. (3-20-20)T
- ii. Surface water access. If pastured animals have access to surface water within a pasture, the producer may be required to implement one (1) or more NRCS conservation practice standards to minimize adverse impact on surface water quality. (3-20-20)T
- iii. Land application. If land application occurs within a pasture, soil tests shall be conducted annually on that pasture. (3-20-20)T
 - iv. Confinement areas. Confinement areas shall not be considered part of a pasture. (3-20-20)T

031. PHOSPHORUS MANAGEMENT.

Dairy farms shall utilize either Phosphorus Indexing (Section 031.01) or the Phosphorus Threshold (Section 031.02) to manage nutrient application. After June 30, 2023, dairy farms will no longer be allowed to use the Phosphorus Threshold (Section 031.02) provision and all facilities will be required to use Phosphorus Indexing (Section 031.01).

- O1. Phosphorus Indexing. The dairy farm shall utilize phosphorus site indexing (PSI) for each field where dairy byproducts and/or commercial fertilizers are land applied and for each pasture utilized for grazing, in accordance with the 2017 Idaho Phosphorus Site Index Standards. The PSI shall be calculated by a Nutrient Management Planner, certified by the Department, and be included as a component of the DNMP in the dairy farm's Environmental Management Plan. It shall be the dairy farm's responsibility to provide updated information, including annual soil test results, to the Nutrient Management Planner for calculation of the PSI on all fields and pastures on an annual basis. Failure to abide by the nutrient application and management provisions of a field or pasture's PSI risk classification in the DNMP shall constitute a non-compliance and the producer may be penalized as provided in these rules.
- a. Notwithstanding anything to the contrary in the 2017 Idaho Phosphorus Site Index Standards, no land application of phosphorus shall be permitted on any fields or pastures that possess a soil phosphorus level exceeding three hundred (300) parts per million, as determined by the required annual soil test (via Olsen method). Further, the dairy farm shall not receive BMP Coefficient credit for implementing any best management practice designed to reduce phosphorus loss on fields exceeding three hundred (300) parts per million, via Olsen method.

 (3-20-20)T
- **b.** The Department may award zero (0) or partial BMP Coefficient credit when a dairy farm implements a best management practice designed to reduce phosphorus loss from fields that does not fully conform to NRCS standards or the standards set forth in the 2017 Idaho Phosphorus Site Index Standards BMP definition section. (3-20-20)T
- **Phosphorus Threshold**. If the regulatory or producer soil tests reveal that phosphorus thresholds on fields and pastures have exceeded the levels established in the NMS, the producer shall only apply phosphorus at the appropriate phosphorus crop uptake rate. Subsequent regulatory soil test(s) on fields and pastures that were identified as exceeding the phosphorus threshold will be conducted. If two (2) out of three (3) tests reveal the phosphorus index continues to trend upward, the producer will be penalized as provided in these rules. These tests shall be taken in the top one (1) foot of soil.

 (3-20-20)T

032. -- 039. (RESERVED)

040. INSPECTIONS.

Each dairy farm shall be inspected by an inspector or fieldman at least annually or at intervals sufficient to determine that dairy byproducts and process water have been managed to prevent an unauthorized discharge, unauthorized release, or contamination of surface and ground water. An official inspection report form as described in Section 041 will be completed at the time of inspection. (3-20-20)T

041. INSPECTION REPORT FORMS.

An inspection report form shall be established by the Department based on parameters established in the NMP, NMS, and Appendix 10D. Each inspection item on the form shall indicate compliance and non-compliance. (3-20-20)T

042. -- 049. (RESERVED)

050. COMPLIANCE SCHEDULES.

- **01.** Non-Compliance or Unauthorized Release Violations Identified. When the Director identifies items of non-compliance or unauthorized release violations, the deficiencies will be noted and discussed with the producer. Appropriate corrective actions will be identified and scheduled informally. The Director may develop a formal compliance schedule in the following cases:

 (3-20-20)T
 - a. When corrective actions cannot be completed within thirty (30) days; or (3-20-20)T
 - **b.** When corrective actions require significant capital investment; or (3-20-20)T
 - **c.** When informal schedules have not been followed. (3-20-20)T
- **02. Re-Inspection**. Re-inspection of the dairy farm will be conducted as appropriate, to ensure compliance. An unauthorized release violation shall be corrected immediately, when at all possible. (3-20-20)T

051. -- 059. (RESERVED)

060. UNAUTHORIZED DISCHARGES AND UNAUTHORIZED RELEASES -- PENALTIES.

- **01. Unauthorized Discharge.** No dairy farm shall cause an unauthorized discharge. (3-20-20)T
- **02. Unauthorized Release**. No dairy farm shall cause an unauthorized release. (3-20-20)T
- **03. Non-Compliance**. Non-compliance with requirements for dairy environmental systems, the NMS, and DNMP shall be addressed through corrective actions and compliance schedules pursuant to these rules.

(3-20-20)T

- **04. Penalties.** For unauthorized releases and non-compliance conditions, the Director shall have the authority to assess a fine of up to ten thousand dollars (\$10,000) per occurrence. Civil penalties collected under this subsection shall be remitted to the county where the violation occurred for deposit in the county current expense fund.

 (3-20-20)T
- **05.** Suspend Planners or Soil Samplers Certification. The Director may suspend certification of Certified Planners or Certified Soil Samplers in the event such Certified Planners or Soil Samplers fail to develop DNMPs or collect soil samples as required by these rules. (3-20-20)T

061. COMPLIANCE WITH IDAHO POLLUTANT DISCHARGE ELIMINATION SYSTEM RULES.

The department of environmental quality shall be solely responsible and authorized to determine whether the discharge of pollutants from a dairy farm to waters of the United States is required to be authorized by an IPDES permit. The provisions of this rule do not define when a dairy farm is required to obtain a permit for a discharge, do not exempt a dairy farm from permitting requirements for such discharges or alter the authority of DEQ with respect to such discharges.

(3-20-20)T

062. -- 999. (RESERVED)

IDAPA 11 – IDAHO STATE POLICE

11.08.01 – RULES GOVERNING HEMP TRANSPORTATION DOCKET NO. 11-0801-2002 (NEW CHAPTER) NOTICE OF RULEMAKING – ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is March 20, 2019.

AUTHORITY: In compliance with Sections 67-5226, Idaho Code, notice is hereby given this agency has adopted a temporary rule. The action is authorized pursuant to Sections 67-2901, 67-2901A, and 67-2901B, Idaho Code, and the Agricultural Improvement Act of 2018. Pub. Law No. 115-334, 132 Stat. 4490, and the Agricultural Act of 2014. Pub. Law No. 113-79, 128 Stat. 649.

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

Currently any substance that contains THC is illegal in Idaho. Recent changes in federal statute and rule define hemp as a product which may contain THC in certain amounts. This rule is needed to provide regulation for the interstate transportation of hemp through Idaho in order to protect the health, safety and welfare of the State of Idaho from the illicit drug trade, and to comply with existing federal statute and rule.

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

This rule is necessary to provide for recent changes in federal statute and rule to provide for interstate transportation of hemp, as defined and stated in Executive Order 2019-13.

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

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Major Charlie Spencer via phone at (208) 884-7203, via Fax at (208) 884-7290, or via e-mail at charlie.spencer@isp.idaho.gov.

Dated this 19th day of March, 2020.

Charlie Spencer, Police Services Major Rules Review Officer Idaho State Police 700 S. Stratford Dr. Meridian, ID 83642 Charlie.spencer@isp.idaho.gov

Phone: (208) 884-7203

Fax: (208) 884-7290

THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE FOR DOCKET NO. 11-0801-2002 (New Chapter)

11.08.01 - RULES GOVERNING HEMP TRANSPORTATION

000. LEGAL AUTHORITY.

- **01. General**. The Director of the Idaho State Police has general rulemaking authority pursuant to Sections 67-2901, 67-2901A, and 67-2901B, Idaho Code. (3-20-20)T
- **O2.** Specific. By Executive Order No. 2019-13, the Director of the Idaho State Police was directed by the Governor to engage in rulemaking concerning hemp transportation through the state of Idaho, in light of the 2018 Farm Bill. (3-20-20)T

001. TITLE AND SCOPE.

- **01. Title**. These rules are titled IDAPA 11.08.01, "Rules Governing Hemp Transportation," IDAPA 11, Title 08, Chapter 01. (3-20-20)T
- **O2. Scope**. These rules concern the authorization, transportation, and enforcement for the transportation of hemp through the state of Idaho. Nothing within these rules shall authorize or be interpreted to legalize hemp, its byproducts, oils, or any other derivative prohibited by Idaho law. These rules only permit the interstate transportation of hemp consistent with the 2018 Farm Bill and its implementing regulations and Executive Order No. 2019-13. (3-20-20)T

002. – 009. (RESERVED)

010. **DEFINITIONS.**

- **2014 Farm Bill.** The Agricultural Act of 2014. Pub. Law No. 113-79, 128 Stat. 649 (3-20-20)T
- **02. 2018 Farm Bill**. The Agricultural Improvement Act of 2018. Pub. Law No. 115-334, 132 Stat. 4490. (3-20-20)T
- **O3. Bill of Lading.** A shipping document containing the shipment contents, origination, including lot number, and destination of the farm product, the weight of the load, and the type of vehicle hauling or transporting the farm product. This form will be available on the Department website, https://isp.idaho.gov/. (3-20-20)T
 - **04.** Controlled Substance. As defined in Section 37-2701, Idaho Code. (3-20-20)T
 - **O5. Department**. The Idaho State Police.

- **06. Driver Affirmation**. A form provided by the Department signed by the driver of a vehicle hauling or transporting hemp stating that his or her vehicle contains no illicit drugs or variations of hemp not explicitly authorized by the 2014 Farm Bill or the 2018 Farm Bill. This form will be available on the Department website, https://isp.idaho.gov/. (3-20-20)T
 - **07.** Entity. As defined in 7 C.F.R. §990.1. (3-20-20)T
 - **08.** Farm Product. As defined in Section 22-701, Idaho Code. (3-20-20)T
- **09. Hemp.** As defined in Section 7 U.S.C. §16390 and as measured in conformance with 7 CFR § 990.25.
 - 10. Highway. As defined in Section 49-109, Idaho Code. (3-20-20)T

- 11. Immediate Vicinity of an Interstate Highway. Within one mile or less of an interstate highway as needed to secure fuel or sustenance. (3-20-20)T
- 12. Indian Country. As defined in Section 18 U.S.C. §1151, which has the same meaning as "territory of the Indian Tribe" as defined in 7 C.F.R. §990.1. (3-20-20)T
 - 13. Indian Tribe. As defined in Section 7 U.S.C. §1639o.

(3-20-20)T

- 14. Inspection Report. A report given to transporters upon completion of the hemp inspection at the port of entry or roadside confirming all required documents were presented and whether any samples of the hemp were taken.

 (3-20-20)T
 - **15. Interstate Highway.** As defined in Section 40-110, Idaho Code.

(3-20-20)T

- **16. Laboratory Report**. A laboratory results report which confirms each lot of hemp complies with the 2014 Farm Bill or the 2018 Farm Bill, as provided in 7 C.F.R. §§990.70(d) and 990.71(d), and which was produced by a DEA-registered laboratory. (3-20-20)T
- 17. Lawful-Hemp Verification. A written verification that the hemp being transported was produced by a grower or producer duly-licensed by a state or Indian Tribe authorized to regulate hemp production under the 2014 Farm Bill or the 2018 Farm Bill or an equivalent USDA hemp producer license. The hemp production license for the producer of the hemp being transported, or a copy thereof, must be attached. This form will be available on the Department website, https://isp.idaho.gov/. (3-20-20)T
 - **18.** Lot. As defined in 7 C.F.R. §990.1.

(3-20-20)T

- **19. Marijuana**. A controlled substance as defined in Section 37-2701, Idaho Code.
- (3-20-20)T

20. Peace Officer. As defined in Section 19-5101, Idaho Code.

(3-20-20)T

21. Producer. As defined in 7 C.F.R. §990.1.

(3-20-20)T

22. Roadway. As defined in Section 49-119, Idaho Code.

(3-20-20)T

23. State. As defined in Section 7 U.S.C. §16390.

- (3-20-20)T
- **24. Transporter**. Any person, individual, partnership, corporation, association, grower, farmer, producer or any other entity engaged in hauling, transporting, delivering, or otherwise moving hemp in interstate commerce. (3-20-20)T
 - **25. Vehicle**. As defined in Section 49-123, Idaho Code.

(3-20-20)T

011. ABBREVIATIONS.

01. DEA. The United States Drug Enforcement Administration.

(3-20-20)T

02. ITD. The Idaho Transportation Department.

(3-20-20)T

03. ISDA. The Idaho State Department of Agriculture.

(3-20-20)T

04. USDA. United States Department of Agriculture.

(3-20-20)T

012. TRANSPORTATION.

01. First Port of Entry. Any transporter or vehicle hauling hemp shall have the affirmative duty to stop at the first port of entry encountered in the state of Idaho to declare the presence of any hemp. No transporter or vehicle hauling hemp shall proceed past or travel through an established or temporary port of entry during its hours of

operation while transporting hemp without presenting the hemp for inspection. Should the first established or temporary port of entry be closed for operations, the transporter or vehicle must stop at the first available port of entry.

(3-20-20)T

- **02. Required Documentation**. Any transporter or vehicle hauling hemp shall carry and provide upon initial declaration at a port of entry, and upon request during any contact with a peace officer in the State of Idaho, the following documents: (3-20-20)T
 - a. The Driver Affirmation; (3-20-20)T
 - **b.** The Lawful-Hemp Verification; (3-20-20)T
 - c. The Laboratory Report; and (3-20-20)T
 - **d.** The Bill of Lading. (3-20-20)T
- **03. Vehicle Detention**. Authorized ITD personnel at ports of entry and any peace officer may detain any vehicle transporting hemp and said detention shall be as long as reasonably necessary to effectuate inspection, sampling, and weighing of any hemp. (3-20-20)T
- **O4. Transporter Consent to Inspection**. Any transporter of hemp shall consent to inspection of the shipment to ensure that the hemp complies with the 2014 Farm Bill or the 2018 Farm Bill and 7 C.F.R. §990.1 et seq., and to randomly-selected, reasonably-sized samples, retained by the inspecting peace officer for further off-sight testing. Transporters shall not be entitled to compensation for these de minimis samples. (3-20-20)T
- **05. Sample Analysis.** Samples shall be subjected to analysis in a manner consistent with the 2018 Farm Bill and 7 C.F.R. §990.1 et seq., to determine total delta-9 tetrahydrocannabinol (THC) including all tetrahydrocannabinolic acid (THCA). Hemp samples not in compliance with the 2018 Farm Bill and 7 C.F.R. §990.1 et seq., may subject the transporter to criminal penalties for marijuana under Chapter 27, Title 37, Idaho Code.

- **66. Shipment Weight**. Weight for purposes of enforcement is deemed to be the declared weight on the transporter's bill of lading or the actual weight at time of inspection, whichever is greater. (3-20-20)T
- **07. Transporter Receipt of Inspection Report**. Once the hemp inspection is complete at the port of entry or roadside, hemp transporters will be given an inspection report, which must be presented upon request during any contact with a peace officer in the state of Idaho subsequent to the initial declaration at the port of entry or roadside.

 (3-20-20)T
- **08. Permissible Roadways for Transport.** Within the state of Idaho, hemp shall only be transported on interstate highways and in the immediate vicinity of an interstate highway. No hemp shall be transported on any other roadway or highway other than an interstate highway or in the immediate vicinity of an interstate highway except in the case of a detour authorized by ITD, as the transporter is directed by any peace officer, or to facilitate transport to or from Indian Country located wholly or partially within the state of Idaho to or from the closest interstate highway.

 (3-20-20)T
- **09. Transporter to Avoid Delay.** Any transporter hauling hemp shall proceed through the state of Idaho with all due speed and avoid any unnecessary delay. (3-20-20)T
- 10. Law Enforcement. Except when hemp is transported as authorized by these rules, nothing in these rules shall inhibit or restrict any peace officer from enforcing to the fullest extent the laws of this state prohibiting marijuana under Chapter 27, Title 37, Idaho Code. (3-20-20)T
- 11. Failure to Comply. Failure to comply with any of these rules may subject a transporter to the laws of this state prohibiting marijuana under Chapter 27, Title 37, Idaho Code, including any and all criminal and civil penalties as authorized by law. (3-20-20)T

- 12. Enforcement of Rule. The Department may contract with ISDA and ITD as necessary to efficiently carry out these rules. (3-20-20)T
- 13. Rules Are Effective Upon Adoption. These rules apply prospectively and nothing within these rules shall authorize or be interpreted to apply to hemp transported in the state of Idaho prior to these rules being adopted. (3-20-20)T

013. – 999. (RESERVED)

IDAPA 13 – IDAHO FISH AND GAME COMMISSION

13.01.08 – RULES GOVERNING THE TAKING OF BIG GAME ANIMALS IN THE STATE OF IDAHO DOCKET NO. 13-0108-1902AAAP NOTICE OF AMENDED PROCLAMATION

AUTHORITY: In compliance with Section 36-105(3), Idaho Code, notice is hereby given that the Commission has amended its 2019 and 2020 Idaho Big Game Seasons at a meeting that occurred on February 20, 2020. The Commission adopted modifications extending wolf hunting and trapping for the 2019-20 and 2020-21 seasons.

Hunter and trappers are advised that they must consult the text of the Commission's official proclamation before hunting and trapping as this notice is merely meant to advise that changes have been made. This notice is not an exhaustive list of those changes.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the amended proclamation, contact Owen Moroney at (208) 334-3715.

IDAPA 15 – OFFICE OF THE GOVERNOR DIVISION OF HUMAN RESOURCES AND PERSONNEL COMMISSION

15.04.01 – RULES OF THE DIVISION OF HUMAN RESOURCES AND IDAHO PERSONNEL COMMISSION

DOCKET NO. 15-0401-2001

NOTICE OF RULEMAKING - ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is March 25th, 2020.

AUTHORITY: In compliance with Sections 67-5226, Idaho Code, notice is hereby given this agency has adopted a temporary rule. The action is authorized pursuant to Section 67-5309, Idaho Code.

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

These temporary rules enforce the 2020 Declaration of Emergency by Governor Brad Little in response to the COVID19 Pandemic, adding flexibility to help manage state personnel leave and physical location.

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

These temporary rules are necessary to protect the public health, safety, and welfare of the citizens of Idaho and confer a benefit on its citizens. These temporary rules add flexibility to help manage state personnel leave and physical location during the 2020 Declaration of Emergency by Governor Brad Little in response to the COVID19 Pandemic.

FEE SUMMARY: This rulemaking does not impose a fee or charge.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Krissy Veseth by calling (208) 854-3074.

Dated this 25th day of March, 2020.

Susan E. Buxton, Administrator Division of Human Resources 304 N. 8th Street P.O. Box 83720 Boise, ID, 83720-0066

Office: 208-334-2263 Fax: 208-854-3088

THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE FOR DOCKET NO. 15-0401-2001

250. SPECIAL LEAVES.

01. Leave of Absence Without Pay.

(7-1-93)

- **a.** Approval. In addition to workers' compensation, family medical leave, disability, or other statewide leave policies, the appointing authority may grant an employee leave without pay for a specified length of time when such leave would not have an adverse effect upon the agency. The request for leave must be in writing and establish reasonable justification for approval. (5-8-09)
- **b.** Reemployment. The appointing authority approving the leave of absence assumes full responsibility for returning the employee to the same position or to another position in a classification allocated to the same pay grade for which the employee meets minimum qualifications. (7-1-87)
- **c.** Exhaustion of Accrued Leave. Unless prohibited by workers compensation, family medical leave, disability, or other statewide leave policies, the appointing authority has discretion on whether the employee is required to exhaust accrued vacation leave or compensatory time off for overtime before commencing leave without pay. (Ref. Rule 240) (3-29-17)
- **d.** Resignation. If vacation leave and compensatory time off for overtime are not exhausted and the employee resigns from state service while on leave, he will be paid for such accruals in accordance with Sections 67-5334 and 67-5328, Idaho Code. (3-29-17)
- **02. Leave Defaults.** When an employee does not have accrued sick leave to cover an entire absence the following leave types will be used to the extent necessary to avoid leave without pay: accrued compensatory time and vacation. If abuse of sick leave is suspected see Rule 240.07. (5-8-09)
- **Military Leave With Pay**. Employees who are members of the National Guard or reservists in the armed forces of the United States engaged in military duty ordered or authorized under the provisions of law, are entitled each calendar year to one hundred twenty (120) hours of military leave of absence from their respective duties without loss of pay, credited state service or evaluation of performance. Such leave is separate from vacation, sick leave, holiday, or compensatory time off for overtime. (Ref. Section 46-216, Idaho Code). (5-8-09)
- **Military Leave Without Pay.** An employee whose employment is reasonably expected to continue indefinitely, and who leaves his position either voluntarily or involuntarily in order to perform active military duty, has reemployment rights as defined in Rule 124.05. The employee will either be separated from state service or placed in "inactive" status, at the option of the appointing authority. (5-8-09)
- **05. Leave of Absence With Pay.** A period of absence from duty with the approval of the appointing authority, or as required or allowed by law or these rules, during which time the employee is compensated. Leaves of absence with pay have no adverse effect on the status of the employee and include the following: vacation leave; sick leave; special leave situations; compensatory time off for overtime worked; and administrative leave. (3-20-14)

06. Court and Jury Services and Problem-Solving and Due Process Leave. (7-1-98)

- a. Connected with Official State Duty. When an employee is subpoenaed or required to appear as a witness in any judicial or administrative proceeding in any capacity connected with official state duty, he is not considered absent from duty. The employee is not entitled to receive compensation from the court. Expenses (mileage, lodging, meals, and miscellaneous expenses) incurred by the employee must be reimbursed by his respective agency in accordance with agency travel regulations. (5-8-09)
- **b.** Private Proceedings. When an employee is required to appear as a witness or a party in any proceeding not connected with official state duty, the employee must be permitted to attend. The employee may use accrued leave or leave without pay. (5-8-09)
 - c. Jury Service. When an employee is summoned by proper judicial authority to serve on a jury, he

will be granted a leave of absence with pay for the time which otherwise the employee would have worked. The employee is entitled to keep fees and mileage reimbursement paid by the court in addition to salary. Expenses in connection with this duty are not subject to reimbursement by the state.

(5-8-09)

- **d.** Problem-solving and due process procedures. Any employee who has been requested to serve as a mediator as provided by an agency problem-solving or due process procedure or to appear as a witness or representative during such a proceeding will be granted leave with pay, without charge to vacation leave or compensatory time off for overtime, to perform those duties. (5-8-09)
- **e.** Notification. An employee summoned for court and jury service or requested to serve as a witness or representative must notify his supervisor as soon as possible to obtain authorization for leave of absence.

(3-20-14)

Religious Leave. Appointing authorities will make reasonable accommodations to an employee's need for leave for religious observances. Such leave is charged to the employee's accrued vacation leave or compensatory time off for overtime.

(5-8-09)

08. Leave During Facility Closure or Inaccessibility.

(7-1-93)

- a. Authorization. When a state office/facility is closed or declared inaccessible by the Governor or Governor's designee because of severe weather, civil disturbances, loss of utilities or other disruptions, affected employees are who are unable to work remotely or be reassigned may be authorized administrative leave by the administrator to cover all or a portion of their scheduled hours of work during the closure or inaccessibility, or subject to a mandatory furlough or a reduction in force. If an employee was not scheduled to work on the day when an office/facility is declared closed, the employee is not eligible for administrative leave.

 (3-28-18)(3-25-20)T
- **b.** In the interest of employee safety, appointing authorities may approve employee early release, delayed start time, or absence from work due to weather or other emergency conditions. Those affected employees will use their appropriate *accrued* leave balances or leave without pay. Administrative leave or leave without pay will be granted to affected employees scheduled to work on a day the Governor or Governor's designee declares a state office/facility closed or inaccessible in accordance with Rule 250.08.a.

 (3-28-18)(3-25-20)T
- choosing to code accrued leave balances or leave without pay.

 Nothing in this rule prevents an employee that is authorized to code paid administrative leave from choosing to code accrued leave balances or leave without pay.

 (3-25-20)T
- **09. Red Cross Disaster Services Leave**. Employees who have been certified by the American Red Cross as disaster service volunteers will be granted up to one hundred twenty (120) hours of paid leave in any twelve (12) month period to participate in relief services pursuant to Section 67-5338, Idaho Code. (5-8-09)
- **10. Employee Assistance Program Leave**. Employees may use sick leave or any paid or unpaid leave as approved to attend appointments through the Employee Assistance Program (EAP) during normal working hours. (3-29-17)

11. Bone Marrow and Organ Donor Leave With Pay.

(5-8-09)

- a. Approval. Upon request, a full-time employee will be granted five (5) work days' leave with pay to serve as a bone marrow donor or thirty (30) work days' leave with pay to serve as an organ donor. The employee must provide the appointing authority with written verification that the employee is the person serving as the donor. Paid leave, as provided in these rules, is limited to one-time bone marrow and one-time organ donor leave per employee. (Ref. Section 67-5343, Idaho Code)

 (5-8-09)
- b. Use. An employee who is granted such leave of absence will receive compensation without interruption during the leave period. For purposes of determining credited state service, pay advancement, performance awards, or any benefit affected by a leave of absence, the service of the employee is considered uninterrupted by the paid leave of absence. (Ref. Section 67-5343, Idaho Code)

 (5-8-09)

IDAPA 16 – DEPARTMENT OF HEALTH AND WELFARE

16.03.09 – MEDICAID BASIC PLAN BENEFITS DOCKET NO. 16-0309-2002 NOTICE OF RULEMAKING – ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is March 20, 2020.

AUTHORITY: In compliance with Sections 67-5226, Idaho Code, notice is hereby given this agency has adopted a temporary rule. The action is authorized pursuant to Section 56-202(b) Idaho Code and Senate Bill 1204 (2019).

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

This chapter makes reference to the federal Institutions for Mental Disease (IMD) exclusion, which will no longer apply as of the effective date of the approved Medicaid waiver or state plan authority. All mentions of this exclusion in rule are being deleted to allow Medicaid reimbursement for IMD services.

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

This rule change will allow Medicaid reimbursement for services delivered to eligible adults in an IMD setting. Currently such services cannot be reimbursed, so this change confers a benefit to citizens needing treatment for substance use disorders and/or mental health disorders in an IMD setting.

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

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Clay Lord at (208) 364-1979.

Dated this 19th day of March, 2020.

Tamara Prisock DHW – Administrative Rules Unit 450 W. State Street – 10th Floor P.O. Box 83720 Boise, ID 83720-0036 Phone: (208) 334-5564

Fax: (208) 334-6558

E-mail: dhwrules@dhw.idaho.gov

THE FOLLOWING IS THE TEMPORARY RULE FOR DOCKET NO. 16-0309-2002 (Only Those Sections With Amendments Are Shown.)

701. INPATIENT BEHAVIORAL HEALTH SERVICES: PARTICIPANT ELIGIBILITY.

- **01. Inpatient Psychiatric Hospital Services**. Participants are eligible who have a diagnosis from the current DSM with substantial impairment in thought, mood, perception, or behavior. A court-ordered admission or physician's emergency certificate alone does not justify Medicaid reimbursement for these services. Medical necessity must be demonstrated for admission or extended stay by meeting the severity of illness and intensity of service criteria as found in Subsections 701.03 and 701.04 of this rule. Services may be provided in: (7-1-18)
 - **a.** A freestanding psychiatric hospital;

(7-1-18)

b. A hospital psychiatric unit; and

 $\frac{(7-1-18)}{(3-20-20)}$ T

- c. <u>Subject to federal approval, an Institutions</u> for mental diseases. for participants meeting the conditions in Subsections 701.01.e.i. and 701.01.e.ii. of this rule: (7-1-18)(3-20-20)T
 - i. Participants must be under the age of twenty-one (21); and

(7-1-18)

- ii. If a participant reaches age twenty one (21) while receiving services, he may continue inpatient treatment until services are no longer required, or he reaches age twenty-two (22), whichever comes first. (7-1-18)
- **O2. Inpatient Substance Use Disorder Services.** Participants are eligible when medical necessity is demonstrated by meeting the severity of illness and intensity of service criteria as found in Subsections 701.03 and 701.04 of this rule. A court-ordered admission or physician's emergency certificate alone does not justify Medicaid reimbursement for these services. Services may be provided in:

 (7.1.18)(3-20-20)T
 - a. A freestanding psychiatric hospital; or

(7-1-18

b. A hospital psychiatric unit.

7-1-18

- **O3.** Severity of Illness Criteria. Both severity of illness and intensity of services criteria must be met for admission to an IMD or psychiatric unit of a general hospital. (7-1-18)
- **a.** Severity of illness criteria. The participant must meet one (1) of the following criteria related to the severity of <u>his</u> their psychiatric illness: (7-1-18)(3-20-20)T
 - i. Is currently dangerous to self as indicated by at least one (1) of the following: (3-30-07)
- (1) Has actually made an attempt to take <u>his</u> their own life in the last seventy-two (72) hours (details of the attempt must be documented); or (3-30-07)(3-20-20)T
- (2) Has demonstrated self-mutilative behavior within the past seventy-two (72) hours (details of the behavior must be documented); or (3-30-07)
- (3) Has a clear plan to seriously harm himself, overt suicidal intent, and lethal means available to follow the plan (this information can be from the participant or a reliable source and details of the participant's plan must be documented); or (7-1-18)
- (4) The participant has a current plan, specific intent, or recurrent thoughts to seriously harm himself or others, and is at significant risk of making an attempt without immediate intervention; or (7-1-18)
- ii. Participant is actively violent or aggressive and exhibits homicidal ideation or other symptoms which that indicate they is are a probable danger to others as indicated by one (1) of the following:

(7-1-18)(3-20-20)T

(1) The participant has engaged in, or threatened, behavior harmful or potentially harmful to others or

caused serious damage to property which that would pose a serious threat of injury or harm to others within the last twenty-four (24) hours (description of the behavior and extent of injury or damage must be documented, as well as the time the behavior occurred relative to the present); or (7-1-18)(3-20-20)T

- (2) The participant has made threats to kill or seriously injure others or to cause serious damage to property which that would pose a threat of injury or harm to others and has effective means to carry out the threats (details of threats must be documented); or (7-1-18)(3-20-20)T
- (3) A mental health professional has information from the participant or a reliable source that the participant has a current plan, specific intent, or recurrent thoughts to seriously harm others or property and is at significant risk of making the attempt without immediate intervention (details must be documented); or (7-1-18)
 - iii. Participant is gravely impaired as indicated by at least one (1) of the following criteria: (7-1-18)
- (1) The participant has such limited functioning that *his* their physical safety and well being are in jeopardy due to *his* their inability for basic self-care, judgment, and decision making (details of the functional limitations must be documented); or (7.1-18)(3-20-20)T
- (2) The acute onset of psychosis or severe thought disorganization or clinical deterioration has rendered the participant unmanageable and unable to cooperate in non-hospital treatment (details of the participant's behaviors must be documented); or (7-1-18)
- (3) There is a need for treatment, evaluation, or complex diagnostic testing where the participant's level of functioning or communication precludes assessment and/or treatment, or both, in a non-hospital based setting, and may require close supervision of medication or behavior or both.

 (7-1-18)(3-20-20)T
- (4) The participant is undergoing severe or medically complicated withdrawal from alcohol, opioids, stimulants, or sedatives. (7-1-18)
- **04. Intensity of Service Criteria**. The participant must meet all of the following criteria related to the intensity of services needed for treatment. (7-1-18)
- **a.** Documentation that ambulatory care resources available in the community do not meet the treatment needs of the participant; and (7-1-18)
- **b.** The services provided can reasonably be expected to improve the participant's condition or prevent further regression so that inpatient services will no longer be needed; and (7-1-18)
- **c.** Treatment of the participant's condition requires services on an inpatient basis, including twenty-four (24) hour nursing observation. (7-1-18)
- **d.** Exceptions. The requirement to meet intensity of service criteria may be waived for first-time admissions if severity of illness is met and the physician is unable to make a diagnosis or treatment decision while the participant is in *his* their current living situation. The waiver of the intensity of services requirement can be for no longer than forty-eight (48) hours and is not waivable for repeat hospitalizations.

 (7-1-18)(3-20-20)T
- **05. Exclusions.** If a participant meets one (1) or more of the following criteria, Medicaid reimbursement will be denied: (7-1-18)
- **a.** The participant is unable to actively participate in an outpatient treatment program solely because of a major medical condition, surgical illness or injury; or (7-1-18)
- **b.** The participant has a primary diagnosis of being intellectually disabled and the primary treatment need is related to the intellectual disability. (7-1-18)

702. INPATIENT BEHAVIORAL HEALTH SERVICES: COVERAGE AND LIMITATIONS.

Docket No. 16-0309-2002 Adoption of Temporary Rule

- **01. Initial Length of Stay**. An initial length of stay, or a prior authorization requirement, will be established by the Department, or its designee, in the Idaho Medicaid Provider Handbook. Requirements for establishing length of stay will never be more restrictive than requirements for non-behavioral health services in a general hospital. (7-1-18)
- **O2. Extended Stay**. The Department, or its designee, will establish authorization requirements in the Idaho Medicaid Provider Handbook. An authorization is necessary when the appropriate care of the participant indicates the need for inpatient days in excess of the initial length of stay or previously approved extended stay.

(7-1-18)

93. Excluded Services. Placement in an IMD for participants between the ages of twenty one (21) and sixty-four (64) is not a covered service.

IDAPA 16 – DEPARTMENT OF HEALTH AND WELFARE

16.03.09 – MEDICAID BASIC PLAN BENEFITS DOCKET NO. 16-0309-2003 NOTICE OF RULEMAKING – ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is March 13, 2020.

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

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

This temporary rulemaking is being done in anticipation on increased demands for Medicaid services due to the COVID-19 pandemic. These rule changes will allow Medicaid flexibility to ensure eligible participants receive necessary services throughout the emergency.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section 67-5226(1)(a), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the purpose of protecting public health, safety, or welfare.

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

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Michael Case at (208) 364-1878

Dated this 26th day of March, 2020.

Tamara Prisock DHW – Administrative Rules Unit 450 W. State Street – 10th Floor P.O. Box 83720 Boise, ID 83720-0036 Phone: (208) 334-5564

Fax: (208) 334-6558

E-mail: dhwrules@dhw.idaho.gov

THE FOLLOWING IS THE TEMPORARY RULE FOR DOCKET NO. 16-0309-2003 (Only Those Sections With Amendments Are Shown.)

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

Compliance With Department Criminal History Check. Criminal history checks are required for certain types of providers under these rules. Providers who are required to have a criminal history check must comply with IDAPA 16.05.06, "Criminal History and Background Checks." Except, through the duration of the declared COVID-19 public health emergency, if the individuals working in the area listed in this rule are unable to complete a criminal background check in accordance with the timeframes set forth in IDAPA 16.05.06, then agencies may allow newly hired direct care staff to begin rendering services prior to completion of the criminal background check in accordance with the requirements specified by the Department in a COVID-19 information release posted on the Department's website at https://healthandwelfare.idaho.gov/Providers/Providers-Medicaid/InformationReleases/ tabid/264/Default.aspx. (3-30-07)(3-13-20)T

02. Availability to Work or Provide Service.

(3-30-07)

- The employer, at its discretion, may allow an individual to provide care or services on a provisional basis once the application for a criminal history and background check is completed and notarized, and the employer has reviewed the application for any disqualifying crimes or relevant records. The employer determines whether the individual could pose a health and safety risk to the vulnerable participants it serves. The individual is not allowed to provide care or services when the employer determines the individual has disclosed a disqualifying crime or relevant records.
- b. Those individuals licensed or certified by the Department are not available to provide services or receive licensure or certification until the criminal history and background check is completed and a clearance issued by the Department.
- Additional Criminal Convictions. Once an individual has received a criminal history clearance, any additional criminal convictions must be reported by the agency to the Department when the agency learns of the conviction. (3-30-07)
- 04. Providers Subject to Criminal History Check Requirements. The following providers must receive a criminal history clearance: (3-30-07)
- Contracted Non-Emergency Medical Transportation Providers. All staff of transportation providers having contact with participants must comply with IDAPA 16.05.06, "Criminal History and Background Checks," with the exception of individual contracted transportation providers defined in Subsection 870.02 of these rules.

(4-7-11)

Provider types deemed by the Department to be at high risk for fraud, waste, and abuse under Subsection 200.02 of these rules must consent to comply with criminal background checks, including fingerprinting, in accordance with 42 CFR 455.434. (3-20-14)

(BREAK IN CONTINUITY OF SECTIONS)

210. CONDITIONS FOR PAYMENT.

- Participant Eligibility. The Department will reimburse providers for medical care and services, regardless of the current eligibility status of the medical assistance participant in the month of payment, provided a complete and properly submitted claim for payment has been received and each of the following conditions are met: (3-20-14)
- The participant was found eligible for medical assistance for the month, day, and year during which the medical care and services were rendered; (3-30-07)

- **b.** The participant received such medical care and services no earlier than the third month before the month in which application was made on such participant's behalf; and (3-30-07)
- **c.** The provider verified the participant's eligibility on the date the service was rendered and can provide proof of the eligibility verification. (3-20-14)
- **d.** Not more than twelve (12) months have elapsed since the month of the latest participant services for which such payment is being made. Medicare cross-over claims are excluded from the twelve (12) month submittal limitation. (3-30-07)
- **O2. Time Limits.** The time limit set forth in Subsection 210.01.d. of this rule does not apply with respect to retroactive eligibility adjustment. When participant eligibility is determined retroactively, the Department will reimburse providers for services within the period of retroactive eligibility if a claim for those services is submitted within twelve (12) months of the date of the participant's eligibility determination. (3-20-14)
- **03.** Acceptance of State Payment. By participating in the Medical Assistance Program, providers agree to accept, as payment in full, the amounts paid by the Department for services to Medicaid participants. Providers also agree to provide all materials and services without unlawfully discriminating on the grounds of race, age, sex, creed, color, national origin, or physical or intellectual disability. (3-30-07)
- **Payment in Full**. If a provider accepts Medicaid payment for a covered service, the Medicaid payment must be accepted as full payment for that service, and the participant cannot be billed for the difference between the billed amount and the Medicaid allowed amount. (3-30-07)
- **05. Medical Care Provided Outside the State of Idaho**. Out-of-state medical care is subject to the same utilization review and other Medicaid coverage requirements and restrictions as medical care received within the state of Idaho.

 (3-30-07)
- **06. Ordering, Prescribing, and Referring Providers.** Any service or supply ordered, prescribed, or referred by a physician or other professional who is not an enrolled Medicaid provider will not be reimbursed by the Department. (3-20-14)
- **07. Referral From Participant's Assigned Primary Care Provider.** Medicaid services may require a referral from the participant's assigned primary care provider. Services requiring a referral are listed in the Idaho Medicaid Provider Handbook. Services provided without a referral, when one is required, are not covered and are subject to sanctions, recoupment, or both. The Department may change the services that require a referral after appropriate notification of Medicaid-eligible individuals and providers as specified in Section 563 of these rules.

 (3-25-16)
- **O8.** Follow-up Communication with Assigned Primary Care Provider. Medicaid services may require timely follow-up communication with the participant's assigned primary care provider. Services requiring post-service communication with the primary care provider and time frames for that communication are listed in the Idaho Medicaid Provider Handbook. Services provided without timely communication of care outcomes, when communication is required, are not covered and are subject to sanctions, recoupment, or both. The Department may change the services that require communication of care outcomes after appropriate notification of Medicaid eligible individuals and providers as specified in Section 563 of these rules. (3-25-16)
- **09. Services Delivered Via Telehealth.** Services delivered via telehealth as defined in Title 54, Chapter 57, Idaho Code, must be identified as such in accordance with billing requirements published in the Idaho Medicaid Provider Handbook. Telehealth services billed without being identified as such are not covered. Services delivered via telehealth may be reimbursed within limitations defined by the Department in the Idaho Medicaid Provider Handbook. Fee for service reimbursement is not available for an telephone conversation, electronic mail message (e-mail), or facsimile transmission (fax) between a physician and a participant. (3 25 16)(3-13-20)T

(BREAK IN CONTINUITY OF SECTIONS)

500. PHYSICIAN SERVICES: DEFINITIONS.

O1. Physician Services. Physician services include the treatment of medical and surgical conditions by doctors of medicine or osteopathy subject to the limitations of practice imposed by state law, and to the restrictions and exclusions of coverage contained in Section 390 and Section 502 of these rules.

(7-1-18)(3-13-20)T

O2. Telehealth. Telehealth as defined in Title 54, Chapter 57, Idaho Code.

3-25-16,

501. (RESERVED)

502. PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS.

- **01. Sterilization Procedures**. Restrictions pertaining to payment for sterilization procedures are contained in Sections 680 through 686 of these rules. (7-1-18)
- **02. Abortions**. Restrictions governing payment for abortions are contained in Sections 511 through 514 of these rules. (3-30-07)
- **O3. Tonometry.** Payment for tonometry is limited to one (1) examination for individuals over the age of forty (40) years during any twelve (12) month period (in addition to tonometry as a component of examination to determine visual acuity). In the event examination to determine visual acuity is not done, two (2) tonometry examinations per twelve (12) month period are allowed for participants over the age of forty (40). This limitation does not apply to participants receiving continuing treatment for glaucoma. (7-1-18)
- **04. Physical Therapy Services**. Payment for physical therapy services performed in the physician's office is limited to those services that are described and supported by the diagnosis. (3-30-07)
- **05. Injectable Vitamins**. Payment for allowable injectable vitamins will be allowed when supported by the diagnosis. Injectable vitamin therapy is limited to Vitamin B12 (and analogues), Vitamin K (and analogues), folic acid, and mixtures consisting of Vitamin B12, folic acid, and iron salts in any combination. (3-30-07)
- **06.** Corneal Transplants and Kidney Transplants. Corneal transplants and kidney transplants are covered by the Medical Assistance Program. (3-30-07)
- 97. Telehealth. Synchronous interaction telehealth encounters, delivered as defined in Title 54,
 Chapter 57, Idaho Code, are reimbursable as follows:
- **a.** Physician services delivered via telehealth are subject to primary care provider communication requirements in Section 210 of these rules. The Department will define limitations for telehealth in the Idaho Medicaid Provider Handbook to promote quality services and program integrity.

 (3-25-16)
- **b.** Fee for service reimbursement is not available for a telephone conversation, electronic mail message (e mail), or facsimile transmission (fax) between a physician and a participant.

 (3-25-16)

(BREAK IN CONTINUITY OF SECTIONS)

565. HEALTHY CONNECTIONS: PROVIDER REIMBURSEMENT.

- **01.** Capitated Payments. Healthy Connections providers are compensated for their patient care services on a per participant per month basis. (3-25-16)
- **02.** Capitated Payment Amounts. Capitated payment amounts are determined by the Department and reflect the complexity of the patient's health combined with the provider's ability to impact patient health outcomes. This monthly payment to a provider is based on the number of participants assigned to the provider on the first day of

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each month. (3-25-16)

O3. Advanced Practice Registered Nurse Telehealth Services. Services provided via telehealth by advanced practice registered nurse enrolled as Healthy Connections providers will be reimbursed within the limitations defined by the Department for telehealth services in the Idaho Medicaid Provider Handbook. Fee for service reimbursement is not available for a telephone conversation, electronic mail message (e-mail), or facsimile transmission (fax) between an advanced practice registered nurse and a participant.

(BREAK IN CONTINUITY OF SECTIONS)

571. CHIS: DEFINITIONS.

- **01. Annual**. Every three hundred sixty-five (365), days except during a leap year which equals three hundred sixty-six (366) days. (3-20-20)
- **02. Aversive Intervention**. Uses unpleasant physical or sensory stimuli in an attempt to reduce undesired behavior. The stimuli usually cannot be avoided, is pain inducing, or both. (3-20-20)
- **03.** Community. Natural, integrated environments outside the participant's home, outside of DDA center-based settings, or at school outside of school hours. (3-20-20)
 - **04. Developmental Disabilities Agency (DDA).** A DDA is an agency that is: (3-20-20)
- **a.** A type of developmental disabilities facility, as defined in Section 39-4604, Idaho Code, that is non-residential and provides services on an outpatient basis; (3-20-20)
 - **b.** Certified by the Department to provide services to participants with developmental disabilities; and (3-20-20)
 - **c.** A business entity, open for business to the general public. (3-20-20)
 - **05. Duplication of Services**. Services are considered duplicate when: (3-20-20)
 - a. Goals are not separate and unique to each service provided; or (3-20-20)
 - **b.** When more than one (1) service is provided at the same time, unless otherwise authorized. (3-20-20)
- **8. Educational Services.** Services that are provided in buildings, rooms or areas designated or used as a school or as educational facilities; that are provided during specific hours and time periods in which the educational instruction takes place in the normal school day and period of time for these students; and that are included in the individual educational plan for the participant or required by federal and state educational statutes or regulations; are not related service; and such services are provided to school age individuals defined in Section 33-201, Idaho Code.

 (3-20-20)
- **07. Evidence-Based Interventions**. Interventions that have been scientifically researched and reviewed in peer-reviewed journals, replicated successfully by multiple independent investigators, have been shown to produce measurable and substantiated beneficial outcomes, and are delivered with fidelity by certified or credentialed individuals trained in the evidence-based model. (3-20-20)
- **08. Evidence-Informed Interventions.** Interventions that use elements or components of evidence-based techniques and are delivered by a qualified individual, who are not certified or credentialed in an evidence-based model. (3-20-20)
 - **09. Human Services Field.** A diverse field that is focused on improving the quality of life for

participants. Areas of academic study include, but are not limited to, sociology, special education, counseling, and psychology or other areas of academic study as referenced in the Medicaid Provider Handbook. (3-20-20)

- 10. Practitioner of the Healing Arts, Licensed. Advanced practice registered nurse, nurse practitioner, or physician assistant. (3-20-20)
- 11. Recreational Services. Activities or services that are generally perceived as recreation such as, but not limited to, fishing, hunting, camping, attendance or participation in sporting events or practices, attendance at concerts, fairs or rodeos, skiing, sightseeing, boating, bowling, swimming, and special day parties (birthday, Christmas, etc.). (3-20-20)
- 12. **Restrictive Intervention**. Any intervention that is used to restrict the rights or freedom of movement of a person and includes chemical restraint, mechanical restraint, physical restraint, and seclusion.

 (3-20-20)
- 13. Telehealth. Telehealth is an electronic real-time synchronized audio-visual contact between a qualified professional and participant for the purpose of treatment. The professional and participant interact as if they were having a face-to-face service. Telehealth services must be delivered in accordance with the Idaho Medicaid Telehealth Policy.
- **143. Treatment Fidelity**. The consistent and accurate implementation of children's habilitation services accordance with the modality, manual, protocol or model. (3-20-20)
- 154. Vocational Services. Services or programs that are directly related to the preparation of individuals for paid or unpaid employment. The test of the vocational nature of the service is whether the services are provided with the expectation that the participant would be able to participate in a sheltered workshop or in the general workforce within one (1) year. (3-20-20)

(BREAK IN CONTINUITY OF SECTIONS)

573. CHIS: COVERAGE AND LIMITATIONS.

- **O1.** Excluded for Medicaid Payment. The following are excluded for Medicaid payment: (3-20-20)
- i. Vocational services: (3-20-20)
- ii. Educational services; and (3-20-20)
- iii. Recreational services. (3-20-20)
- **O2. Service Delivery.** The CHIS allowed under the Medicaid state plan authority include evaluations, diagnostic and therapeutic treatment services provided on an outpatient basis. These services help improve individualized functional skills, develop replacement behaviors, and promote self-sufficiency of the participant. CHIS may be delivered in the community, the participant's home, or in a DDA in accordance with the requirements of this chapter. Duplication of services is not reimbursable. (3-20-20)
- **03. Required Recommendation**. CHIS must be recommended by a physician or other practitioner of the healing arts within his or her scope of practice, under state law. (3-20-20)
- **a.** The CHIS provider may not seek reimbursement for services provided more than thirty (30) calendar days prior to the signed and dated recommendation. (3-20-20)
- **b.** The recommendation is only required to be completed once and must be received prior to submitting the initial prior authorization request. If the participant has not accessed CHIS for more than three hundred sixty-five (365) calendar days, then and new recommendation must be received. (3-20-20)

- **Required Screening.** Needs are determined through the current version of the Vineland Adaptive Behavior Scales or other Department-approved screening tools that are conducted by the family's chosen CHIS provider, the Department, or its designee, and are administered in accordance with the protocol of the tool. The screening tool is only required to be completed once and must be completed prior to submitting the initial prior authorization request. The following apply:

 (3-20-20)
- a. If a screening tool has been completed by the Department, or its designee, a new screening is not required. (3-20-20)
- b. If the participant has been determined eligible by the Department, a new screening tool is not required. (3-20-20)
- e. -If the participant has not accessed CHIS for more than three hundred sixty five (365) calendar days, a new screening must be completed. (3-20-20)
- de. The screening cannot be billed more than once unless an additional screening is required in accordance with guidelines as outlined in the Medicaid Provider Handbook. (3-20-20)
- **05. Services**. All CHIS recommended on a participant's assessment and clinical treatment plan must be prior authorized by the Department, or its contractor. The following CHIS are available for eligible participants and are reimbursable services when provided in accordance with these rules: (3-20-20)
- a. Habilitative Skill Building. This direct intervention service includes techniques used to develop, improve, and maintain, to the maximum extent possible, the developmentally appropriate functional abilities and daily living skills needed by a participant. This service may include teaching and coordinating methods of training with family members or others who regularly participate in caring for the eligible participant. Services include individual or group interventions. (3-20-20)
- i. Group services must be provided by one (1) qualified staff providing direct services for two (2) or three (3) up to six (6) participants.
- ii. As the number and needs of the participants increase, the participant ratio in the group must be adjusted from three (3) to two (2) accordingly.

 (3-20-20)(3-13-20)T
- iii. Group services will only be reimbursed when the participant's objectives relate to benefiting from group interaction. (3-20-20)
- b. Behavioral Intervention. This service utilizes direct intervention techniques used to produce positive meaningful changes in behavior that incorporate functional replacement behaviors and reinforcement-based strategies while also addressing any identified habilitative skill building needs. These services are provided to participants who exhibit interfering behaviors that impact the independence or abilities of the participant, such as impaired social skills and communication or destructive behaviors. Intervention services may include teaching and coordinating methods of training with family members or others who regularly participate in caring for the eligible participant. Evidence-based or evidence-informed practices are used to promote positive behaviors and learning while reducing interfering behaviors and developing behavioral self-regulation. Services include individual or group interventions.

 (3-20-20)
- i. Group services must be provided by one (1) qualified staff providing direct services for two (2) or three (3) up to six (6) participants.
- ii. As the number and severity of the participants with behavioral issues increase, the participant ratio in the group must be adjusted *from three (3) to two (2)* accordingly.

 (3 20 20)(3-13-20)T
- iii. Group services should only be delivered when the participant's objectives relate to benefiting from group interaction. (3-20-20)

- c. Interdisciplinary Training. This is a companion service to behavioral intervention and habilitative skill building and is used to assist with implementing a participant's health and medication monitoring, positioning and physical transferring, use of assistive equipment, and intervention techniques in a manner that meets the participant's needs. This service is to be utilized for collaboration, with the participant present, during the provision of services between the intervention specialist or professional and a Speech Language and Hearing Professional (SLP), Physical Therapist (PT), Occupational Therapist (OT), medical professional, behavioral or mental health professional.
- d. Crisis Intervention. This service may include providing training to staff directly involved with the participant, delivering intervention directly with the eligible participant, and developing a crisis plan that directly addresses the behavior occurring and the necessary intervention strategies to minimize the behavior and future occurrences. Crisis intervention is provided in the home or community on a short-term basis typically not to exceed thirty (30) days. Positive behavior interventions must be used prior to, and in conjunction with, the implementation of any restrictive intervention. Crisis intervention is available for participants who have an unanticipated event, circumstance, or life situation that places a participant at risk of at least one (1) of the following: (3-20-20)

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1	Hospitalization:	ϵ	3-20-20)
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- iv. Physical harm to self or others, including a family altercation or psychiatric relapse. (3-20-20)
- e. Assessment and Clinical Treatment Plan (ACTP). The ACTP is a comprehensive assessment that guides the formation of the implementation plan(s) that include developmentally appropriate objectives and strategies related to identified needs. The qualified provider conducts an assessment to evaluate the participant's strengths, needs, and functional abilities across environments. This process guides the development of intervention strategies and recommendations for services related to the participant's identified needs. The ACTP must be monitored and adjusted to reflect the current needs of the participant. The CHIS provider must document that a copy of the ACTP was offered to the participant's parent or legal guardian. The ACTP must be completed on a Department approved form as referenced in the Medicaid Provider Handbook and contain the following minimum standards: (3-20-20)
 - i. Clinical interview(s) must be completed with the parent or legal guardian; (3-20-20)
- ii. Administer or obtain an objective and validated comprehensive skills or developmental assessment approved by the Department. The most current version of the assessment must be used-and the assessment must have been completed within the last three hundred and sixty five (365) days; (3 20 20)(3-13-20)T

• • •	D ' C ' 1 1 11'	(2.20.20)
111.	Review of assessments, reports, and relevant history;	(3-20-20)

		(2.20.20)
731	Observations in at least one (1) environment:	
L V-		13-20-207

- iv. A reinforcement inventory or preference assessment; (3-20-20)
- vi. A transition plan; and (3-20-20)
- vii. Be signed by the individual completing the assessment and the parent or legal guardian. (3-20-20)

(BREAK IN CONTINUITY OF SECTIONS)

575. CHIS: PROVIDER QUALIFICATIONS AND DUTIES.

CHIS are delivered by individuals who meet or exceeds one (1) of the qualifying criteria below in Subsections 575.01 through 575.07 of this rule, and are employed by a certified DDA, or who meet the criteria as defined in Subsection 575.08 of this rule and is enrolled as an independent CHIS provider. All providers of CHIS must meet the continuing

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training requirements in Subsection 575.09 of this rule.

(3-20-20)

- **O1. Crisis Intervention Technician.** A crisis intervention technician can deliver crisis intervention directly with the eligible participant and must meet the qualifications of a community- based supports staff as defined in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 526. The technician must be under the supervision of a specialist or professional who is observing and reviewing the direct crisis intervention services performed. Supervision must occur *monthly, or more often as necessary*; to ensure the technician demonstrates the necessary skills to correctly provide the crisis intervention service.

 (3 20 20)(3-13-20)T
- **O2. Intervention Technician**. An intervention technician can deliver habilitative skill building, behavioral intervention, and crisis intervention. This is a provisional position intended to allow an individual to gain the necessary degree, competency, or experience needed to qualify as an intervention specialist or higher. An intervention technician must be an employee of a DDA and be under the supervision of a specialist or professional who is observing and reviewing the direct services performed by the intervention technician. Supervision must occur *monthly, or more often as necessary,* to ensure the intervention technician demonstrates the necessary skills to correctly provide the intervention. Provisional status is limited to a single eighteen (18) successive month period. The qualifications for this type of provider can be met by one (1) of the following:
- **a.** An individual who is currently enrolled and is within twenty-four (24) semester credits, or equivalent, to complete their bachelor's degree or higher from an accredited institution in a human services field and working towards meeting the experience and competency requirements; or (3-20-20)
- **b.** An individual who holds a bachelor's degree from an accredited institution in a human services field or has a bachelor's degree and a minimum of twenty-four (24) semester credits, or equivalent, in a human services field and working towards meeting the experience and competency requirements. (3-20-20)
- **O3. Intervention Specialist.** An intervention specialist can deliver all CHIS, complete assessments and implementation plans, and must be under the supervision of a specialist or professional who is observing and reviewing the direct CHIS performed. Supervision must occur *monthly; or more often as necessary;* to ensure the intervention specialist demonstrates the necessary skills to correctly provide the service. An intervention specialist who will complete assessments or supervise an individual completing assessments must have a minimum of ten (10) hours of documented training and five (5) hours of supervised experience in completing comprehensive assessments and implementation plans for participants with functional or behavioral needs. The qualifications for this type of provider can be met by one (1) of the following:

 (3-20-20)(3-13-20)T
- a. An individual who holds a Habilitative Intervention Certificate of Completion in Idaho with an expiration date of July 1, 2019 or later, will be allowed to continue providing services as an intervention specialist as long as there is not a gap of more than three (3) successive years of employment as an intervention specialist; or (3-20-20)
- **b.** An individual who holds a bachelor's degree from an accredited institution in a human services field or a has a bachelor's degree and a minimum of twenty-four (24) semester credits, or equivalent, in a human services field; and (3-20-20)
- i. Can demonstrate one thousand forty (1,040) hours of supervised experience working with participants birth to twenty-one (21) years of age who demonstrate functional or behavioral needs; and (3-20-20)
 - ii. Meets the competency requirements by completing one (1) of the following: (3-20-20)
 - (1) A Department-approved competency checklist referenced in the Medicaid Provider Handbook; or (3-20-20)
- (2) A minimum of forty (40) hours of applied behavior analysis training delivered by an individual who is certified or credentialed to provide the training; or (3-20-20)
 - (3) Other Department-approved competencies as defined in the Medicaid Provider Handbook. (3-20-20)

- c. An individual who provides services to children birth to three (3) years of age must also demonstrate a minimum of two hundred forty (240) hours of professionally supervised experience providing assessment or evaluation, curriculum development, and service provision in the areas of communication, cognition, motor, adaptive (self-help), and social-emotional development with infants and toddlers birth to five (5) years of age with developmental delays or disabilities. Experience must be through paid employment or university internship or practicum experience and may be documented within the supervised experience listed in Subsection 575.02.b.i. of this rule, and have one (1) of the following:
- i. An elementary education certificate or special education certificate with an endorsement in early childhood special education; or (3-20-20)
 - ii. A blended Early Childhood or Early Childhood Special Education (EC or ECSE) certificate; or (3-20-20)
- iii. A bachelor's or master's degree in special education, elementary education, speech-language pathology, early childhood education, physical therapy, occupational therapy, psychology, social work, counseling, or nursing. This individual must have a minimum of twenty-four (24) semester credits from an accredited college or university, which can be within their bachelor's or master's degree coursework, or can be in addition to the degree coursework. Courses must cover the following as defined in the Medicaid Provider Handbook: (3-20-20)
 - (1) Promotion of development and learning for children from birth to five (5) years of age. (3-20-20)
- (2) Assessment and observation methods that are developmentally appropriate assessment of young children with developmental delays or disabilities; (3-20-20)
 - (3) Building family and community relationships to support early interventions; (3-20-20)
 - (4) Development of appropriate curriculum for young children; (3-20-20)
- (5) Implementation of instructional and developmentally effective approaches for early learning, including strategies for children and their families; and (3-20-20)
- (6) Demonstration of knowledge of policies and procedures in special education and early intervention and demonstration of knowledge of exceptionalities in children's development. (3-20-20)
- **04. Intervention Professional.** An intervention professional can deliver all CHIS and complete assessments and implementation plans. Intervention professionals must meet the following minimum qualifications: (3-20-20)
- a. Hold a master's degree or higher from an accredited institution in psychology, education, applied behavior analysis, or have a related discipline with one thousand five hundred (1,500) hours of relevant coursework or training, or both, in principles of child development, learning theory, positive behavior support techniques, dual diagnosis, psychology, education, or behavior analysis which may be documented within the individual's degree program, other coursework, or training; and (3-20-20)
- **b.** Have one thousand two hundred (1,200) hours of relevant experience in completing and implementing comprehensive behavioral therapies for participants with functional or behavioral needs, which may be documented within the individual's degree program, other coursework, or training. (3-20-20)
- **c.** An individual who provides services to children birth to three (3) years of age must meet the requirements defined in Subsection 575.03.c. of this rule. (3-20-20)
- **05.** Evidence-Based Model (EBM) Intervention Paraprofessional. An EBM intervention paraprofessional can deliver habilitative skill building, crisis intervention, and behavioral intervention, and must be supervised in accordance with the evidence-based model. The qualifications for this type of provider are: (3-20-20)

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- **a.** An individual who holds a high school diploma or general equivalency diploma; and (3-20-20)
- **b.** Holds a para-level certification or credential in an evidence-based model approved by the Department. (3-20-20)
- **06.** Evidence-Based Model (EBM) Intervention Specialist. An EBM intervention specialist can deliver all CHIS and complete assessments and implementation plans. This individual must be supervised in accordance with the evidenced-based model and may also supervise the evidence-based paraprofessional working within the same evidence-based model. The qualifications for this type of provider are: (3-20-20)
- **a.** An individual who holds a bachelor's degree from an accredited institution in accordance with their certification or credentialing requirements; and (3-20-20)
- **b.** Holds a bachelor-level certification or credential in an evidence-based model approved by the Department. (3-20-20)
- c. An individual who provides services to children birth to three (3) years of age must also have a minimum of two hundred forty (240) hours of professionally supervised experience providing assessment or evaluation, curriculum development, and service provision in the areas of communication, cognition, motor, adaptive (self-help), and social-emotional development with infants and toddlers birth to five (5) years of age with developmental delays or disabilities. Experience must be through paid employment or university activities. (3-20-20)
- **07. Evidence-Based Model (EBM) Intervention Professional.** An EBM intervention professional can deliver all CHIS and complete assessments and implementation plans. The qualifications for this type of provider are: (3-20-20)
- **a.** An individual who holds a master's degree or higher from an accredited institution in accordance with their certification or credentialing requirements; and (3-20-20)
- **b.** Holds a masters-level certification or credential in an evidence-based model approved by the Department. (3-20-20)
- **c.** An individual who provides services to children birth to three (3) years of age must meet the requirements defined in Subsection 575.06.c. of this rule. (3-20-20)
- **08. Independent CHIS Provider**. This type of provider can deliver all types of CHIS, complete assessments and implementation plans in accordance with their provider qualification as defined in Subsections 575.03, 575.04, 575.06, and 575.07 of these rules. Documentation of supervision must be maintained in accordance with the Department's record retention requirements. The following must be met: (3-20-20)
- a. Obtain an independent Medicaid provider agreement through the Department and maintain in good standing; (3-20-20)
- **b.** Be certified in CPR and first aid prior to delivering services and maintain current certification thereafter; (3-20-20)
- **c.** Compete a criminal history and background check, including clearance in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; (3-20-20)
 - **d.** Follow all applicable requirements in Sections 570 through 577 of these rules; and (3-20-20)
 - e. Not receive supervision from an individual that they are directly supervising. (3-20-20)
- **09. Continuing Training Requirements.** Each individual providing CHIS must complete a minimum of twelve (12) hours of training each calendar year, including one (1) hour of ethics and six (6) hours of behavior methodology or evidence-based intervention. The following criteria applies: (3-20-20)

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a. Training must be relevant to the services being delivered.

(3-20-20)

b. Continuing training requirements for new independent providers or employees of a DDA who have not provided CHIS for a full calendar year, may be prorated as defined in the Medicaid Provider Handbook.

(3-20-20)

- c. Individuals who have not completed the required training during the previous calendar year, may not provide services in the current calendar year until the required number of training hours have been completed.

 (3-20-20)
- **d.** Training hours may not be earned in the current calendar year to be applied to a future calendar year. (3-20-20)
- e. Training topics can be repeated but the content of the continuing training must be different each calendar year; and (3-20-20)

(BREAK IN CONTINUITY OF SECTIONS)

644. DIABETES EDUCATION AND TRAINING SERVICES: PROVIDER QUALIFICATIONS AND DUTIES.

Outpatient diabetes education and training services will be covered under the following conditions:

- (3-30-07)
- **01. Meets Program Standards of the ADA**. The education and training services are provided through a diabetes management program recognized as meeting the program standards of the American Diabetes Association. (3-30-07)
- **O2.** Conducted by a Certified Diabetic Educator. The education and training services are provided by a Certified Diabetic Educator through a formal program-conducted in a hospital outpatient department, or in a physician's office.

 (3-30-07)(3-13-20)T

(BREAK IN CONTINUITY OF SECTIONS)

752. DURABLE MEDICAL EQUIPMENT AND SUPPLIES: COVERAGE AND LIMITATIONS.

The Department will purchase or rent, when medically necessary, reasonable and cost-effective, durable medical equipment (DME) and medical supplies that are suitable for use in any setting in which normal life activities take place. Medical supplies, equipment, and appliances provided by a home health agency under a home health plan of care must meet the requirements found in Sections 750 through 779 of these rules and the requirements found in Sections 720 through 729 of these rules. (7-1-17)

01. Medical Necessity Criteria -- Equipment and Supplies. Department standards for medical necessity are those national standards set by Centers for Medicare and Medicaid Services (CMS) in the CMS/Medicare DME coverage manual. Exceptions to Medicare coverage are described in the Idaho Medicaid Provider Handbook available at: www.idmedicaid.com. Items for convenience, comfort, or cosmetic reasons are not covered. (7-1-17)

02. Prior Authorization -- Equipment and Supplies.

(7-1-17)

- a. Unless otherwise specified by the Department in the provider handbook, durable medical equipment and medical supplies require prior authorization by the Department. (7-1-17)
- **b.** Each request for prior authorization must include all medical necessity documentation required under Section 753 of these rules. (7-1-17)

- c. The Medicaid fee schedule that identifies medical supplies, equipment, and appliances commonly ordered for Medicaid participants, is not a comprehensive list of all medical supplies, equipment, and appliances available to Medicaid participants. If a participant requires an item that is not listed on the fee schedule, a request may be submitted to the Department to assess items for coverage. This request must include justification of the medical necessity, amount of, and duration for the item or service.

 (7-1-17)
- **03. Coverage Conditions -- Equipment.** Medical equipment is subject to coverage limitations in the CMS/Medicare DME coverage manual. Exceptions to these coverage conditions and coverage conditions for medically necessary equipment not included in that manual are described in the Idaho Medicaid Provider Handbook available at: www.idmedicaid.com. Exceptions must be established using evidence-based or best clinical practice standards as determined by the Department. (7-1-17)

04. Coverage Conditions -- Supplies.

(7-1-17)

- a. The Department will purchase no more than a one (1) three (3) months supply of necessary medical supplies per in a three (3) month period for the treatment or amelioration of a medical condition identified by the attending physician. Supplies in excess of the limitations in the CMS/Medicare DME coverage manual must be prior authorized by the Department.

 (7-1-17)(3-13-20)T
- **b.** Medical supplies are subject to the coverage limitations in the CMS/Medicare DME coverage manual. Exceptions to these coverage conditions and coverage conditions for medically necessary supplies not included in that manual are described in the Idaho Medicaid Provider Handbook available at: www.idmedicaid.com. Exceptions must be established using evidence-based or best clinical practice standards as determined by the Department. (7-1-17)

753. DURABLE MEDICAL EQUIPMENT AND SUPPLIES: PROCEDURAL REQUIREMENTS.

01. Physician Orders.

(7-1-17)

- **a.** All medical supplies, equipment, and appliances must be ordered by a physician or non-physician practitioner acting within the scope of their licensure. Such orders must meet the requirements described in the CMS/Medicare DME coverage manual.

 (7 1-17)(3-13-20)T
 - **b.** Date of delivery is considered the date of service.

(7-1-17)

- **c.** In the event that medical equipment and supplies are required for extended periods, these must be reordered as necessary, but at least annually, for all participants. (7-1-17)
- **d.** The following information to support the medical necessity of the item(s) must be included in the physician's order and accompany all requests for prior authorization, or be kept on file with the DME provider for items that do not require prior authorization:

 (7-1-17)
- i. The participant's medical diagnosis, including current information on the medical condition that requires the use of the supplies or medical equipment, or both; (7-1-17)
- ii. An estimate of the time period that the medical equipment or supply item will be necessary and frequency of use. As needed (PRN) orders must include the conditions for use and the expected frequency; (7-1-17)
- iii. For medical equipment, a full description of the equipment needed. All modifications or attachments to the basic equipment must be supported; (7-1-17)
 - iv. For medical supplies, the type and quantity of supplies necessary must be identified; and (7-1-17)
- v. Documentation of the participant's medical necessity for the item, that meets coverage criteria in the CMS/Medicare DME coverage manual. (7-1-17)
 - vi. Additional information may be requested by the Department for specific equipment or supplies, or

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both, including equipment for which CMS/Medicare has established no coverage criteria.

(7-1-17)

- **O2.** Face-to-Face Encounter for Home Health Medical Supplies, Equipment, and Appliances. Medical supplies, equipment, and appliances provided under a home health plan of care must comply with the face-to-face encounter requirements in Section 723 of these rules. (7-1-17)
- **O3.** Plan of Care Requirements for Home Health Medical Supplies, Equipment, and Appliances. Medical supplies, equipment, and appliances provided under a home health plan of care must comply with the home health plan of care requirements in Section 723 of these rules. (7-1-17)

04. Prior Authorizations.

(7-1-17)

- **a.** Prior authorization means a written, faxed, or electronic approval from the Department that permits payment or coverage of a medical item or service that is covered only by such authorization. (7-1-17)
- i. Medicaid payment will be denied for the medical item or service or portions thereof that were provided prior to the submission of a valid prior authorization request. (7-1-17)
- ii. The provider may not bill the Medicaid participant for services not reimbursed by Medicaid solely because the authorization was not requested or obtained in a timely manner. An exception may be allowed on a case-by-case basis where, despite diligent efforts on the part of the provider to submit a request, or events beyond the provider's control prevented it.

 (7-1-17)
- **b.** An item or service will be deemed prior approved where the individual to whom the service was provided was not eligible for Medicaid at the time the service was provided, but was subsequently found eligible under IDAPA 16.03.05, "Eligibility for Aid to the Aged, Blind, and Disabled," and the medical item or service provided is approved by the Department by the same guidance that applies to other prior authorization requests.

(7-1-17)

- **c.** A valid prior authorization request is a written, faxed, or electronic request from a provider of Medicaid for services that contains all information and documentation as required by these rules to justify the medical necessity, amount of and duration for the item or service. (3-30-07)
- **05. Notification of Changes to Prior Authorization Requirements.** The Department will provide sixty (60) days notice of any substantive and significant changes to requirements for prior authorization in its provider handbook. The Department will provide a method to allow providers to provide input and comment on proposed changes. (7-1-17)
- **06. Equipment Rental -- Purchase Procedures.** Unless specified by the Department, all equipment must be rented except when it would be more cost effective to purchase it. Rentals are subject to the following guidelines:

 (7-1-17)
- **a.** Rental payments, including intermittent payments, are to be automatically applied to the purchase of the equipment. (3-30-07)
- **b.** The Department may choose to continue to rent certain equipment without purchasing it. Such items include apnea monitors, ventilators, and other respiratory equipment. (3-30-07)
- **c.** The total monthly rental cost of a DME item must not exceed one-tenth (1/10) of the total purchase price of the item. (3-30-07)
- **Notice of Decision**. A Notice of Decision approving or denying a requested item will be issued to the participant by the Department. The participant has twenty-eight (28) days from the date of the denial to request a fair hearing on the decision. Hearings will be conducted in accordance with IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings." (7-1-17)

754. (RESERVED)

755. DURABLE MEDICAL EQUIPMENT AND SUPPLIES: PROVIDER REIMBURSEMENT.

- **01. Items Included in Per Diem Excluded**. No payment will be made for any participant's DME or medical supplies that are included in the per diem payment while such an individual is an inpatient in a hospital nursing facility or ICF/ID. (3-30-07)
- **02. Least Costly Limitation**. When multiple features, models or brands of equipment or supplies are available, coverage will be limited to the least costly version that will reasonably and effectively meet the minimum requirements of the individual's medical needs. (3-30-07)
- **03. Billing Procedures.** The Department will provide billing instructions to providers of DME/medical supplies. When prior authorization by the Department is required, the authorization number must be included on the claim form. (3-30-07)
 - **104. Fees and Upper Limits**. The Department will reimburse according to Section 230 of these rules. (3-30-07)
- **05. Date of Service.** Unless specifically authorized by the Department the date of services for durable medical equipment and supplies is the date of delivery of the equipment or supply(s), or both. The date of service cannot be prior to the vendor receiving all medical necessity documentation for items provided in-person or the date of shipment for supplies mailed through a third-party courier.

 (3-20-20)(3-13-20)T
- **Manually Priced Codes.** For codes that are manually priced, including miscellaneous codes, a copy of the manufacturer's suggested retail pricing (MSRP) or an invoice or quote from the manufacturer is required. Reimbursement will be seventy-five percent (75%) of MSRP. If the pricing documentation is the invoice, reimbursement will be at cost plus ten percent (10%), plus shipping, if that documentation is provided. (7-1-17)
- **07. Warranties and Cost of Repairs.** No reimbursement will be made for the cost of repairs (materials or labor, or both) covered under the manufacturer's warranty. The date of purchase and the warranty period must be kept on file by the DME vendor. The following warranty periods are required to be provided on equipment purchased by the Department:

 (7-1-17)
 - **a.** A power drive wheelchair must have a minimum one (1) year warranty period; (7-1-17)
- **b.** An ultra-light or high-strength lightweight wheelchair must have a lifetime warranty period on the frame and crossbraces; (7-1-17)
 - c. All other wheelchairs must have a minimum one (1) year warranty period; (7-1-17)
- **d.** All electrical components and new or replacement parts must have a minimum six (6) month warranty period; (7-1-17)
- **e.** All other DME not specified in Subsections 755.07.a. through 755.07.d. of this rule must have a minimum one (1) year warranty period; (7-1-17)
- **f.** If the manufacturer denies the warranty due to user misuse or abuse, or both, that information must be forwarded to the Department at the time of the request for repair or replacement; (7-1-17)
- g. The monthly rental payment must include a full service warranty. All routine maintenance, repairs, and replacement of rental equipment are the responsibility of the provider. (7-1-17)

(BREAK IN CONTINUITY OF SECTIONS)

850. SCHOOL-BASED SERVICE: DEFINITIONS.

- **01.** Activities of Daily Living (ADL). The performance of basic self-care activities in meeting a participant's needs for sustaining him in a daily living environment, including, but not limited to, bathing, washing, dressing, toileting, grooming, eating, communication, continence, mobility, and associated tasks. (3-20-20)
- **O2.** Children's Habilitation Intervention Services (CHIS). CHIS are medically necessary, evidence-informed or evidence-based therapeutic techniques based on applied behavior analysis principles used to result in positive outcomes. These intervention services are delivered directly to Medicaid eligible students with identified developmental limitations that impact the student's functional skills and behaviors across an array of developmental domains. CHIS include habilitative skill building, behavioral intervention, behavioral consultation, crisis intervention, and interdisciplinary training services.
- **O3. Educational Services.** Services that are provided in buildings, rooms, or areas designated or used as a school or an educational setting, which are provided during the specific hours and time periods in which the educational instruction takes place in the school day and period of time for these students, which are included in the individual educational plan (IEP) for the student. (7-1-16)
- **04. Evidence-Based Interventions**. Interventions that have been scientifically researched and reviewed in peer reviewed journals, replicated successfully by multiple independent investigators, have been shown to produce measurable and substantiated beneficial outcomes, and are delivered with fidelity by certified or credentialed individuals trained in the evidence-based model. (3-20-20)
- **O5. Evidence-Informed Interventions.** Interventions that use elements or components of evidence-based techniques and are delivered by a qualified individual who are not certified or credentialed in an evidence-based model. (3-20-20)
- **06. Human Services Field.** A diverse field that is focused on improving the quality of life for participants. Areas of academic study include sociology, special education, counseling, and psychology. or other areas of academic study as referenced in the Medicaid Provider Handbook. (3-20-20)
- **07. School-Based Services**. School-based services are health-related and rehabilitative services provided by Idaho public school districts and charter schools under the Individuals with Disabilities Education Act (IDEA). (7-1-13)
- **O8.** The Psychiatric Rehabilitation Association (PRA). An association that works to improve and promote the practice and outcomes of psychiatric rehabilitation and recovery. The PRA also maintains a certification program to promote the use of qualified staff to work for individuals with mental illness. http://www.psychrehabassociation.org. (7-1-16)
- **09. PRA** Credential. Certificate or certification in psychiatric rehabilitation based upon the primary population with whom the individual works in accordance with the requirements set by the PRA. (7-1-19)
- 10. Practitioner of the Healing Arts. A physician's assistant, nurse practitioner, or clinical nurse specialist who is licensed and approved by the state of Idaho to make such recommendations or referrals for Medicaid services.

 (7-1-13)
 - 11. Serious Mental Illness (SMI). In accordance with 42 CFR 483.102(b)(1), a person with SMI: (3-20-14)
- a. Currently or at any time during the year, must have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet the diagnostic criteria specified in the DSM-V; and (3-20-14)
- b. Must have a functional impairment that substantially interferes with or limits one (1) or more major life activities. Functional impairment is defined as difficulties that substantially interfere with or limit role functioning with an individual's basic daily living skills, instrumental living skills, and functioning in social, family, vocational or educational contexts. Instrumental living skills include maintaining a household, managing money, getting around the community, and taking prescribed medication. An adult who met the functional impairment

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criteria during the past year without the benefit of treatment or other support services is considered to have a serious mental illness. (3-20-14)

- 12. Serious and Persistent Mental Illness (SPMI). A participant must meet the criteria for SMI, have at least one (1) additional functional impairment, and have a diagnosis under DSM-V with one (1) of the following: Schizophrenia, Schizoaffective Disorder, Bipolar I Disorder, Bipolar II Disorder, Major Depressive Disorder Recurrent Severe, Delusional Disorder, or Borderline Personality Disorder. The only Not Otherwise Specified (NOS) diagnosis included is Psychotic Disorder NOS for a maximum of one hundred twenty (120) days without a conclusive diagnosis. (3-20-14)
- 13. Telehealth. Telehealth is an electronic real time synchronized audio visual contact between a qualified professional and participant for the purpose of treatment. The professional and participant interact as if they were having a face-to-face service. Telehealth services must be delivered in accordance with the Idaho Medicaid Telehealth Policy.

 (3-20-20)

(BREAK IN CONTINUITY OF SECTIONS)

852. SCHOOL-BASED SERVICE: SERVICE-SPECIFIC PARTICIPANT ELIGIBILITY.

Skills Building/Community Based Rehabilitation Services (CBRS). Behavioral Intervention, Behavioral Consultation, and Personal Care Services (PCS) have additional eligibility requirements. (7-1-19)

- **01. Skills Building/Community Based Rehabilitation Services (CBRS)**. To be eligible for Skills Building/CBRS, the student must meet one (1) of the following: (7-1-19)
- a. A student who is a child under eighteen (18) years of age must meet the Serious Emotional Disturbance (SED) eligibility criteria for children in accordance with the Children's Mental Health Services Act, Section 16-2403, Idaho Code. A child who meets the criteria for SED must experience a substantial impairment in functioning. The child's level and type of functional impairment must be documented in the school record. A Department-approved assessment must be used to obtain the child's initial functional impairment score. Subsequent scores must be obtained at least annually in order to determine the child's change in functioning that occurs as a result of mental health treatment.

 (7-1-16)(3-13-20)T
- b. A student who is eighteen (18) years old or older must meet the criteria of Serious and Persistent Mental Illness (SPMI). This requires that a student participant meet the criteria for SMI, as described in 42 CFR 483.102(b)(1), have at least one (1) additional functional impairment, and have a diagnosis under DSM-V, or later edition, with one (1) of the following: Schizophrenia, Schizoaffective Disorder, Bipolar I Disorder, Bipolar II Disorder, Major Depressive Disorder Recurrent Severe, Delusional Disorder, or Borderline Personality Disorder. The only Not Otherwise Specified (NOS) diagnosis included is Psychotic Disorder NOS for a maximum of one hundred twenty (120) days without a conclusive diagnosis. In addition, the psychiatric disorder must be of sufficient severity to affect the participant's functional skills negatively, causing a substantial disturbance in role performance or coping skills in at least two (2) of the areas listed below on either a continuous or intermittent basis, at least once per year. The skill areas that are targeted must be consistent with the participant's ability to engage and benefit from treatment. The detail of the participant's level and type of functional impairment must be documented in the medical record in the following areas:

 (7-1-16)

i.	Vocational or educational;	(3-20-20)
ii	Financial;	(3-20-14)
iii.	Social relationships or support;	(3-20-20)
iv.	Family;	(3-20-14)
v.	Basic living skills;	(3-20-14)

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- vi. Housing; (3-20-14)
- vii. Community or legal; or (3-20-20)
- viii. Health or medical. (3-20-20)
- **02. CHIS.** Students eligible to receive habilitative skill building, behavioral intervention, behavioral consultation, crisis intervention, and interdisciplinary training services must have a standardized Department-approved assessment to identify functional, or behavioral needs, or both, that interfere with the student's ability to access an education or require intervention services to correct or ameliorate their condition in accordance with Section 880 of these rules. (3-20-20)
- **a.** A functional need is determined when the student exhibits a deficit in an overall adaptive composite or deficits in three (3) or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency. A deficit is defined as one point five (1.5) or more standard deviations below the mean for all functional areas. (3-20-20)
- **b.** A behavioral need is determined when the student exhibits maladaptive behaviors that include frequent disruptive behaviors, aggression, self-injury, criminal or dangerous behavior evidenced by a score of at least one point five (1.5) standard deviations from the mean in at least two (2) behavior domains and by a rater familiar with the student, or at least two (2) standard deviations from the mean in one (1) composite score that consists of at least three (3) behavior domains by a rater familiar with the student, on a standardized behavioral assessment approved by the Department. (3-20-20)
- **03. Personal Care Services**. To be eligible for personal care services (PCS), the student must have a completed children's PCS assessment and allocation tool approved by the Department. To determine eligibility for PCS, the assessment results must find the student requires PCS due to a medical condition that impairs the physical or functional abilities of the student. (7-1-16)

853. SCHOOL-BASED SERVICE: COVERAGE AND LIMITATIONS.

The Department will pay school districts and charter schools for covered rehabilitative and health-related services. Services include medical or remedial services provided by school districts or other cooperative service agencies, as defined in Section 33-317, Idaho Code. (7-1-13)

- **O1. Excluded Services.** The following services are excluded from Medicaid payments to school-based programs: (3-30-07)
 - a. Vocational Services. (3-30-07)
- **b.** Educational Services. Educational services (other than health related services) or education-based costs normally incurred to operate a school and provide an education. Evaluations completed for educational services only cannot be billed. (3-30-07)
 - c. Recreational Services. (3-30-07)
- **d.** Payment for school-related services will not be provided to students who are inpatients in nursing homes or hospitals. (7-1-16)
- **O2. Evaluation and Diagnostic Services**. Evaluations to determine eligibility or the need for health-related services may be reimbursed even if the student is not found eligible for health-related services. Evaluations completed for educational services only cannot be billed. Evaluations completed must: (3-30-07)
- **a.** Be recommended or referred by a physician or other practitioner of the healing arts. A school district or charter school may not seek reimbursement for services provided more than thirty (30) days prior to the signed and dated recommendation or referral; (3-28-18)
 - **b.** Be conducted by qualified professionals for the respective discipline as defined in Section 855 of

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these rules; (3-20-14)

- c. Be directed toward a diagnosis; (7-1-16)
- **d.** Include recommended interventions to address each need; and (7-1-16)
- e. Include name, title, and signature of the person conducting the evaluation. (7-1-16)
- **03. Reimbursable Services.** School districts and charter schools can bill for the following health-related services provided to eligible students when the services are provided under the recommendation of a physician or other practitioner of the healing arts for the Medicaid services for which the school district or charter school is seeking reimbursement. A school district or charter school may not seek reimbursement for services provided more than thirty (30) days prior to the signed and dated recommendation or referral. The recommendations or referrals are valid up to three hundred sixty five (365) days.

 (3 28 18)(3-13-20)T
- a. Behavioral Intervention. Behavioral Intervention is a direct intervention used to promote positive, meaningful changes in behavior that incorporate functional replacement behaviors and reinforcement-based strategies, while also addressing any identified habilitative skill building needs and the student's ability to participate in educational services, as defined in Section 850 of these rules, through a consistent, assertive, and continuous intervention process to address behavior goals identified on the IEP. Behavioral intervention includes conducting a functional behavior assessment and developing a behavior implementation plan with the purpose of preventing or treating behavioral conditions. This service is provided to students who exhibit maladaptive behaviors. Services include individual or group behavioral interventions. (3-20-20)
- i. Group services must be provided by one (1) qualified staff providing direct services for two (2) or three (3) up to six (6) students.
- ii. As the number and severity of the students with behavioral issues increases, the student ratio in the group must be adjusted accordingly *from three (3) to two (2)*.

 (3 20 20)(3-13-20)T
- iii. Group services should only be delivered when the student's goals relate to benefiting from group interaction. (3-20-20)
- **b.** Behavioral Consultation. Behavioral consultation assists other service professionals by consulting with the IEP team during the assessment process, performing advanced assessment, coordinating the implementation of the behavior implementation plan and providing ongoing training to the behavioral interventionist and other team members.

 (7-1-13)
 - i. Behavioral consultation cannot be provided as a direct intervention service. (7-1-13)
 - ii. Behavioral consultation must be limited to thirty-six (36) hours per student per year. (7-1-13)
- c. Crisis Intervention. Crisis intervention services may include providing training to staff directly involved with the student, delivering intervention directly with the eligible student, and developing a crisis plan that directly addresses the behavior occurring and the necessary intervention strategies to minimize the behavior and future occurrences. This service is provided on a short-term basis typically not to exceed thirty (30) school days and is available for students who have an unanticipated event, circumstance, or life situation that places a student at risk of at least one (1) of the following:

 (3-20-20)

	TT 1. 11	,		a 0 \
1	Hospitalization:	1	3-20-	_201
1.	HOSDItalization.		J-4U:	-201

iv. Physical harm to self or others, including a family altercation or psychiatric relapse. (3-20-20)

- d. Habilitative Skill Building. Habilitative skill building is a direct intervention service that includes techniques used to develop, improve and maintain, to the maximum extent possible, the developmentally appropriate functional abilities and daily living skills needed by a student. This service may include teaching and coordinating methods of training with family members or others who regularly participate in caring for the eligible student. Services include individual or group interventions. (3-20-20)
- i. Group services must be provided by one (1) qualified staff providing direct services for two (2) or three (3) up to six (6) students.
- ii. As the number and needs of the students increase, the student ratio in the group must be adjusted from three (3) to two (2) accordingly.

 (3 20 20)(3-13-20)T
- iii. Group services should only be delivered when the student's goals relate to benefiting from group interaction. (3-20-20)
- e. Interdisciplinary Training. Interdisciplinary training is a companion service to behavioral intervention and habilitative skill building and is used to assist with implementing a student's health and medication monitoring, positioning and physical transferring, use of assistive equipment, and intervention techniques in a manner that meets the student's needs. This service is to be utilized for collaboration, with the student present, during the provision of services between the intervention specialist or professional and a Speech Language and Hearing Professional (SLP), Physical Therapist (PT), Occupational Therapist (OT), medical professional, or behavioral or mental health professional.
- f. Medical Equipment and Supplies. Medical equipment and supplies that are covered by Medicaid must be medically necessary, ordered by a physician, and prior authorized. Authorized items must be for use at the school where the service is provided. Equipment that is too large or unsanitary to transport from home to school and back may be covered, if prior authorized. The equipment and supplies must be for the student's exclusive use and must be transferred with the student if the student changes schools. All equipment purchased by Medicaid belongs to the student.

 (7-1-16)
- g. Nursing Services. Skilled nursing services must be provided by a licensed nurse, within the scope of his or her practice. Emergency, first aid, or non-routine medications not identified on the plan as a health-related service are not reimbursed. (7-1-16)
- **h.** Occupational Therapy and Evaluation. Occupational therapy and evaluation services for vocational assessment, training or vocational rehabilitation are not reimbursed. (3-30-07)
- i. Personal Care Services. School based personal care services include medically oriented tasks having to do with the student's physical or functional requirements. Personal care services do not require a goal on the plan of service. The provider must deliver at least one (1) of the following services:

 (7-1-16)
- i. Basic personal care and grooming to include bathing, care of the hair, assistance with clothing, and basic skin care; (7-1-13)
- ii. Assistance with bladder or bowel requirements that may include helping the student to and from the bathroom or assisting the student with bathroom routines; (7-1-16)
- iii. Assistance with food, nutrition, and diet activities including preparation of meals if incidental to medical need; (7-1-13)
- iv. Assisting the student with physician-ordered medications that are ordinarily self-administered, in accordance with IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," Subsection 490.05; (7-1-13)
- v. Non-nasogastric gastrostomy tube feedings, if the task is not complex and can be safely performed in the given student care situation, and the requirements are met in accordance with IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Subsection 303.01. (7-1-13)

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- j. Physical Therapy and Evaluation. (3-30-07)
- k. Psychological Evaluation. (3-30-07)
- I. Psychotherapy. (3-30-07)
- m. Skills Building/Community Based Rehabilitation Services (CBRS). Skills Building/CBRS are interventions to reduce the student's disability by assisting in gaining and utilizing skills necessary to participate in school. They are designed to build competency and confidence while increasing mental health and/or decreasing behavioral symptoms. Skills Building/CBRS provides training in behavior control, social skills, communication skills, appropriate interpersonal behavior, symptom management, activities of daily living, and coping skills. These services are intended to prevent placement of the student into a more restrictive educational situation. (7-1-19)
 - n. Speech/Audiological Therapy and Evaluation. (3-30-07)
 - o. Social History and Evaluation. (3-30-07)
- **p.** Transportation Services. School districts and charter schools can receive reimbursement for mileage for transporting a student to and from home and school when:

 (7-1-16)
- i. The student requires special transportation assistance, a wheelchair lift, an attendant, or both, when medically necessary for the health and safety of the student; (3-28-18)
- ii. The transportation occurs in a vehicle specifically adapted to meet the needs of a student with a disability; (3-30-07)
- iii. The student requires and receives another Medicaid reimbursable service billed by the school-based services provider, other than transportation, on the day that transportation is being provided; (3-30-07)
- iv. Both the Medicaid-covered service and the need for the special transportation are included on the student's plan; and (3-30-07)
- v. The mileage, as well as the services performed by the attendant, are documented. See Section 855 of these rules for documentation requirements. (3-20-14)
- **q.** Interpretive Services. Interpretive services needed by a student who is deaf or does not adequately speak or understand English and requires an interpreter to communicate with the professional or paraprofessional providing the student with a health-related service may be billed with the following limitations: (7-1-13)
- i. Payment for interpretive services is limited to the specific time that the student is receiving the health-related service; documentation for interpretive service must include the Medicaid reimbursable health-related service being provided while the interpretive service is provided. (7-1-16)
- ii. Both the Medicaid-covered service and the need for interpretive services must be included on the student's plan; and (3-30-07)
- iii. Interpretive services are not covered if the professional or paraprofessional providing services is able to communicate in the student's primary language. (3-30-07)

854. SCHOOL-BASED SERVICE: PROCEDURAL REQUIREMENTS.

The following documentation must be maintained by the provider and retained for a period of five (5) years:

(7-1-16)

01. Individualized Education Program (IEP) and Other Service Plans. School districts and charter schools may bill for Medicaid services covered by a current Individualized Education Program (IEP), transitional Individualized Family Service Plan (IFSP), or Services Plan (SP) defined in the Idaho Special Education Manual on the State Department of Education website for parentally placed private school students with disabilities when

designated funds are available for special education and related services. The plan must be developed within the previous three hundred sixty five (365) days that indicatesing the need for one (1) or more medically-necessary health-related service, and lists all the Medicaid reimbursable services for which the school district or charter school is requesting reimbursement. The IEP and transitional IFSP must include:

(7-1-16)(3-13-20)T

is requesting ten	modification. The 127 and transitional II of mast metade.	(/ 1 10) <u>(3 13 20)1</u>
a.	Type, frequency, and duration of the service(s) provided;	(7-1-13)
b. the professional;	Title of the provider(s), including the direct care staff delivering services und	der the supervision of (7-1-13)
c.	Measurable goals, when goals are required for the service; and	(7-1-13)
d.	Specific place of service, if provided in a location other than school.	(7-1-16)
02.	Evaluations and Assessments. Evaluations and assessments must:	(3-20-20)
a.	Support services billed to Medicaid; and	(3-20-20) (3-13-20)T
b.	Accurately reflect the student's current status: and.	(3-20-20) (3-13-20)T
- e.	Be completed at least every (3) years.	(3-20-20)
03.	Service Detail Reports. A service detail report that includes:	(7-1-13)
a.	Name of student;	(7-1-13)
b.	Name, title, and signature of the person providing the service;	(7-1-16)
c.	Date, time, and duration of service;	(7-1-13)
d.	Place of service, if provided in a location other than school;	(7-1-13)
e.	Category of service and brief description of the specific areas addressed; and	(7-1-13)
f.	Student's response to the service when required for the service.	(7-1-13)
04. goal <i>completed a</i>	One Hundred Twenty Day Review. A documented review of progress tow at least every one hundred twenty (120) days from the date of the annual plan.	ard each service plan (7-1-13)(3-13-20)T
05.	Documentation of Qualifications of Providers.	(7-1-13)
06. recommendation	Copies of Required Referrals and Recommendations. Copies of res.	equired referrals and (7-1-13)

- **a.** School-based services must be recommended or referred by a physician or other practitioner of the healing arts for all Medicaid services for which the school district or charter school is receiving reimbursement.

 (7-1-13)
- **b.** A recommendation or referral must be obtained within thirty (30) days of the provision of services for which the school district or charter school is seeking reimbursement. Therapy requirements for the physician's order are identified in Section 733 of these rules. (3-28-18)
- five (365) days.

 A recommendation or referral must be obtained for the service at least every three hundred sixty (7-1-16)
- **07. Parental Notification.** School districts and charter schools must document that parents were notified of the health-related services and equipment for which they will bill Medicaid. Notification must comply

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with the requirements in Subsection 854.08 of this rule.

(3-20-14)

- **08.** Requirements for Cooperation with and Notification of Parents and Agencies. Each school district or charter school billing for Medicaid services must act in cooperation with students' parent or guardian, and with community and state agencies and professionals who provide like Medicaid services to the student. (7-1-16)
- a. Notification of Parents. For all students who are receiving Medicaid reimbursed services, school districts and charter schools must document that parents are notified of the Medicaid services and equipment for which they will bill Medicaid. Notification must describe the service(s), service provider(s), and state the type, location, frequency, and duration of the service(s). The school district must document that they provided the student's parent or guardian with a current copy of the child's plan and any pertinent addenda; and

 (7-1-16)
- **b.** Primary Care Physician (PCP). School districts and charter schools must request the name of the student's primary care physician and request a written consent to release and obtain information between the PCP and the school from the parent or guardian. (7-1-16)
- **c.** Other Community and State Agencies. Upon receiving a request for a copy of the evaluations or the current plan, the school district or charter school must furnish the requesting agency or professional with a copy of the plan or appropriate evaluation after obtaining consent for release of information from the student's parent or guardian.

 (7-1-13)

855. SCHOOL-BASED SERVICE: PROVIDER QUALIFICATIONS AND DUTIES.

Medicaid will only reimburse for services provided by qualified staff. The following are the minimum qualifications for providers of covered services: (7-1-13)

- **01. Behavioral Intervention**. Behavioral intervention must be provided by, or under the supervision of an intervention specialist or professional. Individuals providing behavioral intervention must be one (1) of the following: (3-20-20)
- **a.** Intervention Paraprofessional. Intervention paraprofessionals may provide direct services. The specialist or professional must observe and review the direct services performed by the paraprofessional *monthly; or more often as necessary*, to ensure the paraprofessional demonstrates the necessary skills to correctly provide the direct service. An intervention paraprofessional under the direction of a qualified intervention specialist or professional must:

 (3-20-20)(3-13-20)T
 - i. Be at least eighteen (18) years of age; (3-20-20)
- ii. Demonstrate the knowledge, have the skills needed to support the program to which they are assigned; and (3-20-20)
- iii. Meet the paraprofessional requirements as defined in IDAPA 08.02.02, "Rules Governing Uniformity." (3-20-20)
- **b.** Intervention Technician. Intervention technician is a provisional position intended to allow an individual to gain the necessary degree, competency, or experience needed to qualify as an intervention specialist or higher. Provisional status is limited to a single eighteen (18) successive month period. The specialist or professional must observe and review the direct services performed by the technician monthly, or more often as necessary, to ensure the technician demonstrates the necessary skills to correctly provide the direct service. An intervention technician under the direction of a qualified intervention specialist or professional, must:

 (3-20-20)(3-13-20)T
- i. Be an individual who is currently enrolled and is within twenty-four (24) semester credits, or equivalent, to complete their bachelor's degree or higher from an accredited institution in a human services field and working towards meeting the experience and competency requirements; or (3-20-20)
- ii. Hold a bachelor's degree from an accredited institution in a human services field or a has a bachelor's degree and a minimum of twenty-four (24) semester credits, or equivalent, in a human services field and working towards meeting the experience and competency requirements. (3-20-20)

- c. Intervention Specialist. Intervention specialists may provide direct services, complete assessments, and develop implementation plans. Intervention specialists who will complete assessments must have documented training and experience in completing assessments and designing and implementing comprehensive therapies for students with functional or behavioral needs, or both. The qualifications for this provider type can be met by one (1) of the following:

 (3-20-20)
- i. An individual who holds an Idaho Standard Instructional Certificate who meets qualifications for an endorsement specific to special education as defined in IDAPA 08.02.02, "Rules Governing Uniformity," Sections 021-024; or (3-20-20)
- ii. An individual who holds a Habilitative Intervention Certificate of Completion in Idaho with an expiration date of July 1, 2019 or later, and does not have a gap of more than three (3) years of employment as an intervention specialist, or (3-20-20)
- iii. An individual who holds a bachelor's degree from an accredited institution in a human services field or has a bachelor's degree and a minimum of twenty-four (24) semester credits in a human services field, can demonstrate one thousand forty (1,040) hours of supervised experience working with children who demonstrate functional or behavioral needs, and meets the competency requirements by completing one (1) of the following:

 (3-20-20)
 - (1) A Department-approved competency checklist referenced in the Medicaid Provider Handbook; (3-20-20)
- (2) A minimum of forty (40) hours of applied behavior analysis training delivered by an individual who is certified or credentialed to provide the training; or (3-20-20)
 - (3) Other Department-approved competencies as defined in the Medicaid Provider Handbook. (3-20-20)
- **d.** Intervention Professional. Intervention professionals may provide direct services, complete assessments, and develop implementation plans. Intervention professionals who will complete assessments must have documented training and experience in completing assessments and designing and implementing comprehensive therapies for students with functional or behavioral needs, or both. The qualifications for this provider type can be met by one (1) of the following:

 (3-20-20)
- i. An individual who holds a master's degree or higher from an accredited institution in psychology, education, applied behavior analysis, or have a related discipline with one thousand five hundred (1,500) hours of relevant coursework or training, or both, in principles of child development, learning theory, positive behavior support techniques, dual diagnosis psychology, education, or behavior analysis which may be documented within the individual's degree program, other coursework, or training; and (3-20-20)
- ii. Have one thousand two hundred (1,200) hours of relevant experience in completing and implementing comprehensive behavioral therapies for participants with functional or behavioral needs, which may be documented within the individual's degree program, other coursework, or training. (3-20-20)
- e. Evidence-Based Model (EBM) Intervention Paraprofessional. EBM intervention paraprofessionals may provide direct services. EBM intervention paraprofessionals must be supervised in accordance with the evidence-based model in which they are certified or credentialed. The EBM intervention specialist or professional must observe and review the direct services performed by the paraprofessional to ensure the paraprofessional demonstrates the necessary skills to correctly provide the direct service. An EBM intervention paraprofessional must:

 (3-20-20)
 - i. Hold a high school diploma; and (3-20-20)
- ii. Hold a para-level certification or credential in an evidence-based model approved by the Department. (3-20-20)

- f. Evidence- Based Model (EBM) Intervention Specialist. EBM intervention specialists may provide direct services, complete assessments, and develop implementation plans. EBM intervention specialists must be supervised in accordance with the evidence-based model in which they are certified or credentialed. The EBM intervention professional must observe and review the direct services performed by the specialist to ensure the specialist demonstrates the necessary skills to correctly provide the direct service. The specialist may supervise the EBM intervention paraprofessional working within the same evidence-based model. An EBM intervention specialist must:
- i. Hold a bachelor's degree from an accredited institution in accordance with their certification or credentialing requirements; and (3-20-20)
- ii. Hold a bachelors-level <u>certification</u> or credential in an evidence-based model approved by the Department. (3 20 20)(3-13-20)T
- g. Evidence-Based Model (EBM) Intervention Professional. EBM intervention professionals may provide direct services, complete assessments, and develop implementation plans. EBM intervention professionals may supervise EBM intervention paraprofessionals or specialists working within the same evidence-based model in which they are certified or credentialed. An EBM intervention professional must: (3-20-20)
- i. Hold a master's degree or higher from an accredited institution in accordance with their certification or credentialing requirements; and (3-20-20)
- ii. Hold a masters-level certification or credential in an evidence-based model approved by the Department. (3-20-20)
- **O2. Behavioral Consultation.** Behavioral consultation must be provided by a professional who has a Doctoral or Master's degree in psychology, education, applied behavioral analysis, or has a related discipline with one thousand five hundred (1,500) hours of relevant coursework or training, or both, in principles of child development, learning theory, positive behavior support techniques, dual diagnosis psychology, education, or behavior analysis (may be included as part of degree program); and who meets one (1) of the following: (3-20-20)
- a. An individual who holds an Idaho Standard Instructional Certificate who meets qualifications for an endorsement specific to special education as defined in IDAPA 08.02.02, "Rules Governing Uniformity"; (3-20-20)
- **b.** An individual with a Pupil Personnel Certificate who meets the qualifications defined under IDAPA 08.02.02, "Rules Governing Uniformity," excluding a licensed registered nurse or audiologist; (3-20-20)
 - **c.** An occupational therapist who is qualified and registered to practice in Idaho; (3-20-20)
 - **d.** An intervention professional, as defined in Subsection 855.01 of this rule; or (3-20-20)
- e. An *Evidence Based Model (EBM)* intervention professional, as defined in Subsection 855.01 of this rule.
- **03. Crisis Intervention**. Crisis intervention must be provided by, or under the supervision of an intervention specialist or professional. Individuals providing crisis intervention must be one (1) of the following: (3-20-20)
 - a. An intervention paraprofessional, as defined in Subsection 855.01 of this rule; (3-20-20)
 - **b.** An intervention technician, as defined in Subsection 855.01 of this rule; (3-20-20)
 - c. An intervention specialist, as defined in Subsection 855.01 of this rule; (3-20-20)
 - **d.** An intervention professional, as defined in Subsection 855.01 of this rule; (3-20-20)

	e.	An EBM intervention paraprofessional, as defined in Subsection 855.01 of this rule;	(3-20-20)
	f.	An EBM intervention specialist, as defined in Subsection 855.01 of this rule;	(3-20-20)
	g.	An EBM intervention professional, as defined in Subsection 855.01 of this rule;	(3-20-20)
	h.	A licensed physician, licensed practitioner of the healing arts;	(3-20-20)
	i.	An advanced practice registered nurse;	(3-20-20)
	j.	A licensed psychologist;	(3-20-20)
	k.	A licensed clinical professional counselor or professional counselor;	(3-20-20)
	l.	A licensed marriage and family therapist;	(3-20-20)
	m.	A licensed masters social worker, licensed clinical social worker, or licensed social work	xer; (3-20-20)
	n.	A psychologist extender registered with the Bureau of Occupational Licenses;	(3-20-20)
	0.	A licensed registered nurse (RN);	(3-20-20)
	p.	A licensed occupational therapist; or	(3-20-20)
	q.	An endorsed or certified school psychologist.	(3-20-20)
	04. sion of, as the following	Habilitative Skill Building. Habilitative skill building must be provided by, or n intervention specialist or professional. Individuals providing habilitative skill building ring:	
	a.	An intervention paraprofessional, as defined in Subsection 855.01 of this rule;	(3-20-20)
	b.	An intervention technician, as defined in Subsection 855.01 of this rule;	(3-20-20)
	c.	An intervention specialist, as defined in Subsection 855.01 of this rule;	(3-20-20)
	d.	An intervention professional, as defined in Subsection 855.01 of this rule;	(3-20-20)
	e.	An EBM intervention paraprofessional, as defined in Subsection 855.01 of this rule;	(3-20-20)
	f.	An EBM intervention specialist, as defined in Subsection 855.01 of this rule; or	(3-20-20)
	g.	An EBM intervention professional, as defined in Subsection 855.01 of this rule.	(3-20-20)
followin	05. ng:	Interdisciplinary Training. Interdisciplinary Training must be provided by one	(1) of the (3-20-20)
	a.	An intervention specialist, as defined in Subsection 855.01 of this rule;	(3-20-20)
	b.	An intervention professional, as defined in Subsection 855.01 of this rule;	(3-20-20)
	c.	An EBM intervention specialist, as defined in Subsection 855.01 of this rule;	(3-20-20)
	d.	An EBM intervention professional, as defined in Subsection 855.01 of this rule.	(3-20-20)

- **06.** Medical Equipment and Supplies. See Subsection 853.03 of these rules. (3-20-14)
- **07. Nursing Services.** Nursing services must be provided by a licensed registered nurse (RN) or by a licensed practical nurse (LPN) licensed to practice in Idaho. (7-1-13)
- **08.** Occupational Therapy and Evaluation. For therapy-specific rules, refer to Sections 730 through 739 of these rules. (7-1-16)
- **09. Personal Care Services**. Personal care services must be provided by or under the direction of a registered nurse licensed by the State of Idaho. (7-1-13)
 - **a.** Providers of PCS must have at least one (1) of the following qualifications: (7-1-13)
- i. Licensed Registered Nurse (RN). A person currently licensed by the Idaho State Board of Nursing as a licensed registered nurse; (7-1-13)
- ii. Licensed Practical Nurse (LPN). A person currently licensed by the Idaho State Board of Nursing as a licensed practical nurse; (7-1-16)
 - iii. Certified Nursing Assistant (CNA). A person currently certified by the State of Idaho; or (7-1-16)
- iv. Personal Assistant. A person who meets the standards of Section 39-5603, Idaho Code, and receives training to ensure the quality of services. The assistant must be at least age eighteen (18) years of age.

 (4-11-19)
- **b.** The licensed registered nurse (RN) must review or complete, or both, the PCS assessment and develop or review, or both, the written plan of care *annually*. Oversight provided by the RN must include all of the following: $\frac{(7-1-16)(3-13-20)T}{(7-1-6)(3-13-20)T}$
 - i. Development of the written PCS plan of care; (7-1-13)
- ii. Review of the treatment given by the personal assistant through a review of the student's PCS service detail reports as maintained by the provider; and (7-1-16)
 - iii. Reevaluation of the plan of care as necessary, but at least annually. (7.1-13)(3-13-20)T
- c. The RN must conduct supervisory visits on a quarterly basis, or more frequently as determined by the IEP team and defined as part of the PCS plan of care. (7-1-16)
- 10. Physical Therapy and Evaluation. For therapy-specific rules, refer to Sections 730 through 739 of these rules. (7-1-16)
 - 11. **Psychological Evaluation**. A psychological evaluation must be provided by a: (7-1-13)
 - a. Licensed psychiatrist; (7-1-13)
 - **b.** Licensed physician; (7-1-13)
 - c. Licensed psychologist; (7-1-13)
 - **d.** Psychologist extender registered with the Bureau of Occupational Licenses; or (7-1-13)
 - e. Endorsed or certified school psychologist. (7-1-16)
- **12. Psychotherapy**. Provision of psychotherapy services must have, at a minimum, one (1) or more of the following credentials: (7-1-13)

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a.	Psychiatrist, M.D.;	(7-1-13)
b.	Physician, M.D.;	(7-1-13)
c.	Licensed psychologist;	(7-1-13)
d.	Licensed clinical social worker;	(7-1-13)
e.	Licensed clinical professional counselor;	(7-1-13)
f.	Licensed marriage and family therapist;	(7-1-13)
g.	Certified psychiatric nurse (R.N.), as described in Subsection 70%	7.13 of these rules; (7-1-13)
h. with IDAPA 24 Therapists";	Licensed professional counselor whose provision of psychothe .15.01, "Rules of the Idaho Licensing Board of Professional Cou	
i. IDAPA 24.14.0	Licensed masters social worker whose provision of psychother 1, "Rules of the State Board of Social Work Examiners";	apy is supervised as described in (7-1-13)
j. as described in Family Therapis	Licensed associate marriage and family therapist whose provision IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professionsts"; or	on of psychotherapy is supervised onal Counselors and Marriage and (7-1-13)
k. diagnostic serv Psychologist Ex	Psychologist extender, registered with the Bureau of Occupationices is supervised in compliance with IDAPA 24.12.01, "Rule caminers."	
be provided by who is not required following:	Skills Building/Community Based Rehabilitation Services (Clone (1) of the following. Skills Building/Community Based Rehabilited to have a PRA credential or credential required for CBRS states.	litation Services (CBRS) provider
a.	Licensed physician, licensed practitioner of the healing arts;	(7-1-16)
b.	Advanced practice registered nurse;	(7-1-16)
с.	Licensed psychologist;	(7-1-13)
d.	Licensed clinical professional counselor or professional counselo	or; (7-1-13)
e.	Licensed marriage and family therapist;	(7-1-16)
f.	Licensed masters social worker, licensed clinical social worker, or	or licensed social worker; (7-1-13)
g.	Psychologist extender registered with the Bureau of Occupationa	l Licenses; (7-1-13)
h.	Licensed registered nurse (RN);	(7-1-13)
i.	Licensed occupational therapist;	(7-1-13)
j.	Endorsed or certified school psychologist;	(7-1-16)
k. specialist must:	Skills Building/Community Based Rehabilitation Services spo	ecialist. A Skills Building/CBRS (7-1-19)
i.	Be an individual who has a bachelor's degree and holds a current	PRA credential; or (7-1-19)

- ii. Be an individual who has a bachelor's degree or higher, but does not hold a current PRA credential and was hired on or after November 1, 2010, to work as a Skills Building/CBRS specialist to deliver Medicaid-reimbursable mental health services. This individual may continue to provide Medicaid-reimbursable Skills Building/CBRS without a current PRA credential for a period not to exceed thirty (30) months. This thirty month (30) period does not restart with new employment as a Skills Building/CBRS specialist when transferring to a new school district, charter school, or agency. The individual must show documentation that they are working towards obtaining the required PRA credential. In order to continue providing Skills Building/CBRS as a Skills Building/CBRS specialist beyond a total period of thirty (30) months, the individual must have obtained the required current PRA credential;
- iii. Be an individual who has a bachelor's degree or higher and is under the supervision of a licensed behavioral health professional, a physician, nurse, or an endorsed or certified school psychologist. The supervising practitioner is required to have regular one-to-one (1:1) supervision of the specialist to review treatment provided to student participants on an ongoing basis. The frequency of the one-to-one (1:1) supervision must occur at least monthly. Supervision can be conducted using telehealth when it is equally effective as direct on-site supervision; and (3 20 20)(3-13-20)T
 - ivii. Have a credential required for CBRS specialists. (7-1-19)
- (1) Skills Building/CBRS specialists who intend to work primarily with adults, age eighteen (18) or older; must obtain a current PRA credential to work with adults. (7-1-19)
- (2) Skills Building/CBRS specialists who intend to work primarily with adults, but also with participants under the age of eighteen (18), must obtain a current PRA credential to work with adults, and must have additional training addressing children's developmental milestones, or have evidence of classroom hours in equivalent courses. The individual's supervisor must determine the scope and amount of training the individual needs in order to work competently with children assigned to the individual's caseload.

 (7-1-19)
- (3) Skills Building/CBRS specialists who intend to work primarily with children under the age of eighteen (18) must obtain a current PRA credential to work with children. (7-1-19)
- (4) Skills Building/CBRS specialists who intend to primarily work with children, but also work with participants eighteen (18) years of age or older, must obtain a current PRA credential to work with children, and must have additional training or have evidence of classroom hours addressing adult issues in psychiatric rehabilitation. The individual's supervisor must determine the scope and amount of training the worker needs in order to competently work with adults assigned to the individual's caseload.

 (7-1-19)
- **14.** Speech/Audiological Therapy and Evaluation. For therapy-specific rules, refer to Sections 730 through 739 of these rules. (7-1-16)
- **15. Social History and Evaluation**. Social history and evaluation must be provided by a licensed registered nurse (RN), psychologist, M.D, school psychologist, certified school social worker, or by a person who is licensed and qualified to provide social work in the state of Idaho. (7-1-13)
- **16. Transportation**. Transportation must be provided by an individual who has a current Idaho driver's license and is covered under vehicle liability insurance that covers passengers for business use. (7-1-13)
- 17. Therapy Paraprofessionals. The schools may use paraprofessionals to provide occupational therapy, physical therapy, and speech therapy if they are under the supervision of the appropriate professional. The services provided by paraprofessionals must be delegated and supervised by a professional therapist as defined by the appropriate licensure and certification rules. The portions of the treatment plan that can be delegated to the paraprofessional must be identified in the IEP or transitional IFSP. (7-1-16)
- **a.** Occupational Therapy (OT). Refer to IDAPA 24.06.01, "Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants," for qualifications, supervision, and service requirements.

(7-1-16)

- **b.** Physical Therapy (PT). Refer to IDAPA 24.13.01, "Rules Governing the Physical Therapy Licensure Board," for qualifications, supervision and service requirements. (7-1-16)
- c. Speech-Language Pathology (SLP). Refer to IDAPA 24.23.01, "Rule of the Speech and Hearing Services Licensure Board," and the American Speech-Language-Hearing Association (ASHA) guidelines for qualifications, supervision and service requirements for speech-language pathology. The guidelines have been incorporated by reference in Section 004 of these rules. (7-1-16)
- i. Supervision must be provided by an SLP professional as defined in Section 734 of this chapter of rules. (7-1-16)
- ii. The professional must observe and review the direct services performed by the paraprofessional monthly, or more often as necessary, to ensure the paraprofessional demonstrates the necessary skills to correctly provide the SLP service. (3-20-20)

IDAPA 16 – DEPARTMENT OF HEALTH AND WELFARE

16.03.10 - MEDICAID ENHANCED PLAN BENEFITS

DOCKET NO. 16-0310-2001

NOTICE OF RULEMAKING - ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is March 13, 2020.

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

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

This temporary rulemaking is being done in anticipation on increased demands for Medicaid services due to the COVID-19 pandemic. These rule changes will allow Medicaid flexibility to ensure eligible participants receive necessary services throughout the emergency.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section 67-5226(1)(a), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the purpose of protecting public health, safety, or welfare.

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

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Michael Case at (208) 364-1878.

Dated this 26th day of March, 2020.

Tamara Prisock DHW – Administrative Rules Unit 450 W. State Street – 10th Floor P.O. Box 83720 Boise, ID 83720-0036 Phone: (208) 334-5564

Fax: (208) 334-6558

E-mail: dhwrules@dhw.idaho.gov

THE FOLLOWING IS THE TEMPORARY RULE FOR DOCKET NO. 16-0310-2001 (Only Those Sections With Amendments Are Shown.)

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

- orwing in the area listed in Subsection 009.03 of these rules whom are employed or whom they contract have complied with the provisions in IDAPA 16.05.06, "Rules Governing Mandatory Criminal History Checks." Except, through the duration of the declared COVID-19 public health emergency, if the individuals working in the area listed in this rule are unable to complete a criminal background check in accordance with the timeframes set forth in IDAPA 16.05.06, then agencies may allow newly hired direct care staff to begin rendering services prior to completion of the criminal background check in accordance with the requirements specified by the Department in a COVID-19 information release posted on the Department's website at https://healthandwelfare.idaho.gov/Providers/Providers-Medicaid/InformationReleases/tabid/264/Default.aspx.
- **02. Additional Criminal Convictions**. Once an individual has received a criminal history clearance, any additional criminal convictions must be reported by the agency to the Department when the agency learns of the conviction. (3-19-07)
- **03. Providers Subject to Criminal History and Background Check Requirements.** The following providers are required to have a criminal history and background check: (3-19-07)
- a. Adult Day Health Providers. The criminal history and background check requirements applicable to providers of adult day health as provided in Sections 329 and 705 of these rules. (4-4-13)
- **b.** Adult Residential Care Providers. The criminal history and background check requirements applicable to adult residential care providers as provided in Section 329 of these rules. (4-2-08)
- **c.** Attendant Care Providers. The criminal history and background check requirements applicable to attendant care providers as provided in Section 329 of these rules. (4-2-08)
- **d.** Behavior Consultation or Crisis Management Providers. The criminal history and background check requirements applicable to behavior consultation or crisis management providers as provided in Section 705 of these rules.

 (4-4-13)
- e. Certified Family Home Providers and All Adults in the Home. The criminal history and background check requirements applicable to certified family homes are found in Sections 305, 329 and 705 of these rules, and as provided in IDAPA 16.03.19, "Rules Governing Certified Family Homes." (4-2-08)
- **f.** Chore Services Providers. The criminal history and background check requirements applicable to chore services providers as provided in Sections 329 and 705 of these rules. (4-2-08)
- g. Companion Services Providers. The criminal history and background check requirements applicable to companion services providers as provided in Section 329 of these rules. (4-2-08)
- **h.** Day Habilitation Providers. The criminal history and background check requirements applicable to day habilitation providers as provided in Section 329 of these rules. (4-4-13)
- i. Developmental Disabilities Agencies (DDA). The criminal history and background check for DDA and staff as provided in IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)," Section 009. (7-1-11)
- **j.** Homemaker Services Providers. The criminal history and background check requirements applicable to homemaker services providers as provided in Section 329 of these rules. (4-2-08)
- **k.** Personal Assistance Agencies Acting As Fiscal Intermediaries. The criminal history and background check requirements applicable to the staff of personal assistance agencies acting as fiscal intermediaries as provided in Subsection 329.02 of these rules. (3-19-07)

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- **l.** Personal Care Providers. The criminal history and background check requirements applicable to personal care providers as provided in Subsection 305.06 of these rules. (3-19-07)
- m. Residential Habilitation Providers. The criminal history and background check requirements applicable to residential habilitation providers as provided in Sections 329 and 705 of these rules, and IDAPA 16.04.17 "Rules Governing Residential Habilitation Agencies," Sections 202 and 301. (4-2-08)
- **n.** Respite Care Providers. The criminal history and background check requirements applicable to respite care providers as provided in Sections 329, 665, and 705 of these rules. (7-1-11)
- **o.** Service Coordinators and Paraprofessionals. The criminal history and background check requirements applicable to service coordinators and paraprofessionals working for an agency as provided in Section 729 of these rules. (3-19-07)
- **p.** Skilled Nursing Providers. The criminal history and background check requirements applicable to skilled nursing providers as provided in Sections 329 and 705 of these rules. (4-4-13)
- **q.** Supported Employment Providers. The criminal history and background check requirements applicable to supported employment providers as provided in Sections 329 and 705 of these rules. (4-2-08)
- r. Therapeutic Consultant. The criminal history and background check requirements applicable to therapeutic consultation providers as provided in Section 685 of these rules. (7-1-11)

(BREAK IN CONTINUITY OF SECTIONS)

200. PRIVATE DUTY NURSING SERVICES.

O1. Description of Private Duty Nursing Services. Private Duty Nursing (PDN) services are nursing services provided by a licensed registered nurse or licensed practical nurse to a non-institutionalized child under the age of twenty-one (21) requiring care for conditions of such medical severity or complexity that skilled nursing care is necessary. Sections 200 through 209 of these rules cover requirements for private duty nursing services.

(3-19-07)(3-13-20)T

O2. Temporary Changes to Private Duty Nursing Rules During Declared State of Emergency Related to Novel Coronavirus Disease (COVID-19). In response to Idaho's declaration on 3/13/20 of a state of emergency related to COVID-19, the Department reserves the right to temporarily alter requirements and processes related to PDN services in order to mitigate spread of disease and to ensure the health and safety of our participants under the guidance and authority of the provisions in a CMS-approved 1135 waiver through the duration of the emergency state.

(3-13-20)T

(BREAK IN CONTINUITY OF SECTIONS)

300. PERSONAL CARE SERVICES (PCS).

- O1. Description of Personal Care Services (PCS). Under Sections 39-5601 through 39-5607, Idaho Code, it is the intent of the Department to provide personal care services (PCS) to eligible participants in their own homes or personal residences to prevent unnecessary institutional placement, to provide for the greatest degree of independence possible, to enhance quality of life, to encourage individual choice, and to maintain community integration.

 (3-19-07)(3-13-20)T
- O2. Temporary Changes to PCS Rules During Declared State of Emergency Related to Novel Coronavirus Disease (COVID-19). In response to Idaho's declaration on 3/13/20 of a state of emergency related to COVID-19, the Department reserves the right to temporarily alter requirements and processes related to PCS

services, currently and through the duration of the emergency state, in order to mitigate spread of disease and to ensure the health and safety of our participants under the guidance and authority of the provisions in a CMS approved 1135 waiver. In the event additional changes are required in the future, guidance will be posted on the Medicaid Information Releases webpage. Changes already in affect at the time of this rulemaking supersede existing rule and include:

(3-13-20)T

- a. Criminal History Background Checks. (Amends Subsections: 009.03.b., 009.03.k., 009.03.l., and 305.06) Newly hired direct care staff may begin rendering services prior to a completed criminal history background check as long as all of the conditions in Medicaid Information Release MA20-15 are met. (3-13-20)T
- **b.** Direct Care Staff Training Requirements. (Amends Subsection: 305.02) Newly hired direct care staff may begin rendering services prior to the requirements associated with the provider's agency type or service array according to guidance in the Medicaid Information Release MA20-15. (3-13-20)T
- <u>c.</u> <u>General Compliance and Oversight Activities. (Amends Sections: 304 and 308) Service providers may, at their discretion, implement the following changes to routine compliance and oversight activities according to guidance in the Medicaid Information Release MA20-15. Allowable changes include: (3-13-20)T</u>
 - <u>i.</u> <u>Suspending supervisory on-sight visits.</u>

(3-13-20)T

<u>ii.</u> Suspending face-to-face service plan development.

(3-13-20)T

- iii. Utilizing telehealth to provide services. Medicaid Information Release MA20-07 provides further guidance for providers able to use telehealth. (3-13-20)T
 - iv. Allowing alternative formats for signature requirements (such as electronic signatures). (3-13-20)T
 - <u>v.</u> <u>Suspending the Department's on-site agency reviews.</u>

(3-13-20)T

d. Postponement of Annual Redeterminations. (Amends Subsection: 302.04) The Bureau of Long Term Care (BLTC) may postpone annual redeterminations at the discretion of the Department in order to prioritize workloads related to assessments for new waiver applicants and participants with significant changes. (3-13-20)T

(BREAK IN CONTINUITY OF SECTIONS)

302. PERSONAL CARE SERVICES: ELIGIBILITY.

- **01. Financial Eligibility**. The participant must be financially eligible for medical assistance under IDAPA 16.03.01, "Eligibility for Health Care Assistance for Families and Children," or 16.03.05, "Eligibility for Aid to the Aged, Blind, and Disabled (AABD)." (3-19-07)
- **02. Other Eligibility Requirements**. Bureau of Long Term Care (BLTC) will prior authorize payment for the amount and duration of all services when all of the following conditions are met: (3-20-20)
- a. The BLTC finds that the participant is capable of being maintained safely and effectively in their own home or personal residence using PCS. (3-20-20)
- **b.** The participant is an adult for whom a Uniform Assessment Instrument (UAI) has been completed, or a child for whom a children's PCS assessment has been completed; (3-29-10)
 - c. The BLTC reviews the documentation for medical necessity; and (3-20-20)
- **d.** The participant has a plan of care that meets the person-centered planning requirements described in Sections 316 and 317 of these rules. (7-1-16)

- **O3. State Plan Option**. A participant who receives medical assistance is eligible for PCS under the State Medicaid Plan option if the Department finds they require PCS due to a medical condition that impairs their physical, mental function, or independence. (3-19-07)
- **04. Annual Eligibility Redetermination**. The participant's eligibility for PCS must be redetermined at least annually under Subsections 302.01. through 302.03 of these rules. Throughout the duration of the COVID-19 state of emergency, the Bureau of Long Term Care (BLTC) may postpone annual redeterminations at the discretion of the Department in order to prioritize workloads related to assessments for new waiver applicants and participants with significant changes.

 (3-19-07)(3-13-20)T
- **a.** The annual financial eligibility redetermination must be conducted under IDAPA 16.03.01, "Eligibility for Health Care Assistance for Families and Children," or 16.03.05, "Eligibility for Aid to the Aged, Blind, and Disabled (AABD)." BLTC will make the medical eligibility redetermination. The redetermination can be completed more often than once each year at the request of the participant, the Self-Reliance Specialist, the Personal Assistance Agency, the personal assistant, the supervising RN, the QIDP, or the physician. (3-20-20)

	e medical redetermination assesses t	ying factors:	(3-19-0)	7)
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- i. The participant's continued need for PCS; (3-19-07)
- ii. Discharge from PCS; and (3-19-07)
- iii. Referral of the participant from PCS to a nursing facility. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

304. PERSONAL CARE SERVICES: PROCEDURAL REQUIREMENTS.

- **O1. Service Delivery Based on Plan of Care or NSA**. All PCS services are provided based on a written plan of care or a negotiated service agreement (NSA). The requirements for the NSA for participants in Residential Assisted Living Facilities are described in IDAPA 16.03.22, "Residential Assisted Living Facilities." The requirements for the NSA for participants in Certified Family Homes are described in IDAPA 16.03.19, "Certified Family Homes." The Personal Assistance Agency and the participant who lives in their own home are responsible to prepare the plan of care.

 (3-19-07)
- **a.** The plan of care for participants who live in their own homes or in a PCS Family Alternate Care Home is based on: (3-29-10)
 - i. The physician's or authorized provider's information if applicable; (4-2-08)
- ii. The results of the UAI for adults, the children's PCS assessment and, if applicable, the QIDP's assessment and observations of the participant; and (3-29-10)
 - iii. Information obtained from the participant. (3-19-07)
- **b.** The plan of care must include all aspects of medical and non-medical care that the provider needs to perform, including the amount, type and frequency of necessary services. (3-19-07)
- **c.** The plan of care must be revised and updated based upon treatment results or a change(s) in the participant's needs, or both, but at least annually. (3-19-07)
- **d.** The plan of care or NSA must meet the person-centered planning requirements described in Sections 316 and 317 of these rules. (7-1-16)
 - **O2.** Service Supervision. The delivery of PCS may be overseen by a licensed registered nurse (RN) or

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Qualified Intellectual Disabilities Professional (QIDP). The BLTC will identify the need for supervision. (3-20-20)

- a. Oversight must include all of the following: (3-19-07)
- i. Assistance in the development of the written plan of care; (3-19-07)
- ii. Review of the treatment given by the personal assistant through a review of the participant's PCS record as maintained by the provider; (3-19-07)
 - iii. Reevaluation of the plan of care as necessary; and (3-19-07)
- iv. Immediate notification of the guardian, emergency contact, or family members of any significant changes in the participant's physical condition or response to the services delivered. (3-19-07)
- **b.** All participants who are developmentally disabled, other than those with only a physical disability as determined by the BLTC, may receive oversight by a QIDP as defined in 42 CFR 483.430. Oversight must include: (3-20-20)
- i. Assistance in the development of the plan of care for those aspects of active treatment that are provided in the participant's personal residence by the personal assistant; (3-19-07)
- ii. Review of the care or training programs given by the personal assistant through a review of the participant's PCS record as maintained by the provider and through on-site interviews with the participant; (3-19-07)
 - iii. Reevaluation of the plan of care as necessary, but at least annually; and (3-19-07)
- iv. An on-site visit to the participant to evaluate any change of condition when requested by the personal assistant, the Personal Assistance Agency, the nurse supervisor, the service coordinator or the participant.

 (3-19-07)
- **03. Prior Authorization Requirements**. All PCS services must be prior authorized by the Department. Authorizations will be based on the information from: (3-29-10)
 - a. The children's PCS assessment or Uniform Assessment Instrument (UAI) for adults; (3-29-10)
 - **b.** The individual service plan developed by the Personal Assistance Agency; and (3-29-10)
 - **c.** Any other medical information that supports the medical need. (3-29-10)
- **04. PCS Record Requirements for a Participant in Their Own Home.** The PCS records must be maintained on all participants who receive PCS in their own homes or in a PCS Family Alternate Care Home. (3-20-20)
- **a.** Written Requirements. The PCS provider must maintain written documentation of every visit made to the participant's home and must record the following minimum information: (3-19-07)
 - i. Date and time of visit; (3-19-07)
 - ii. Length of visit; (3-19-07)
 - iii. Services provided during the visit; and (3-19-07)
- iv. Documentation of any changes noted in the participant's condition or any deviations from the plan of care. (3-19-07)
- **b.** Participant's Signature. The participant must sign the record of service delivery verifying that the services were delivered. The BLTC may waive this requirement if it determines the participant is not able to verify

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the service delivery. (3-20-20)

- **c.** Provider Signature. The Plan of Care must be signed by the provider indicating that they will deliver services according to the authorized service plan and consistent with home and community-based requirements. (7-1-16)
- **d.** Copy Requirement. A copy of the information required in Subsection 304.04 of these rules must be maintained in the participant's home unless the BLTC authorizes the information to be kept elsewhere. Failure to maintain this information may result in recovery of funds paid for undocumented services. (3-20-20)
- **e.** Telephone Tracking System. Agencies may employ a software system that allows personal assistants to register their start and stop times and a list of services by placing a telephone call to the agency system from the participant's home. This system will not take the place of documentation requirements of Subsection 304.04 of these rules. (3-19-07)
- **05.** PCS Record Requirements for a Participant in a Residential Assisted Living Facility or Certified Family Home. The PCS records must be maintained on all participants who receive PCS in a Residential Assisted Living Facility or Certified Family Home. (7-1-16)
- **a.** Participant in a Residential Assisted Living Facility. The additional PCS record requirements for participants in Residential Assisted Living Facilities are described in IDAPA 16.03.22, "Residential Assisted Living Facilities." (7-1-16)
- **b.** Participant in a Certified Family Home. The additional PCS record requirements for participants in Certified Family Homes are described in IDAPA 16.03.19, "Certified Family Homes." (7-1-16)
- **c.** Participant's Signature. The participant or legal guardian must sign the NSA agreeing to the delivery of services as specified. (7-1-16)
- **d.** Provider Signature. The NSA must be signed by the supervisory nurse or agency personnel responsible for developing the NSA with the participant, and must indicate that they will deliver services according to the authorized NSA and consistent with home and community-based requirements. (7-1-16)
- **06. Provider Responsibility for Notification**. The Personal Assistance Agency is responsible to notify the BLTC and physician or authorized provider when any significant changes in the participant's condition are noted during service delivery. This notification must be documented in the Personal Assistance Agency record.

 (3-20-20)
- <u>07.</u> <u>COVID-19</u>. The sections of this rule may be subject to amendment by the BLTC for the duration of the COVID-19 state of emergency. Please consult Medicaid Information Release MA20-15 for additional guidance.

 (3-13-20)T

(BREAK IN CONTINUITY OF SECTIONS)

308. PERSONAL CARE SERVICES (PCS): QUALITY ASSURANCE.

- **01. Responsibility for Quality**. Personal Assistance Agencies, Residential Assisted Living Facilities, and Certified Family Homes furnishing PCS are responsible for assuring that they provide quality services in compliance with applicable rules. (7-1-16)
- **02. Review Results**. Results of quality assurance reviews conducted by the Department must be transmitted to the provider within forty-five (45) days after the review is completed. (3-19-07)
- **03. Quality Improvement Plan.** The provider must respond within forty-five (45) days after the results are received. If problems are identified, the provider must implement a quality improvement plan and report

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the results to the Department upon request.

(3-19-07)

- **04. HCBS Compliance**. Personal Assistance Agencies are responsible for ensuring they meet the setting requirements described in Section 313 of these rules. Residential Assisted Living Facilities, and Certified Family Homes are responsible for ensuring that they meet the setting requirements described in Sections 313 and 314 of these rules. All providers furnishing PCS are responsible for ensuring they meet the person-centered planning requirements described in Sections 316 through 317 of these rules. PCS providers must comply with associated Department quality assurance activities. The Department may take enforcement actions as described in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Section 205, if the provider fails to comply with any term or provision of the provider agreement, or any applicable state or federal regulation. (7-1-16)
- **OS.** COVID-19. The sections of this rule may be subject to amendment by the BLTC for the duration of the COVID-19 state of emergency. Please consult Medicaid Information Release MA20-15 for additional guidance.

 (3-13-20)T

(BREAK IN CONTINUITY OF SECTIONS)

314. RESIDENTIAL PROVIDER-OWNED OR CONTROLLED SETTING QUALITIES.

In addition to the setting requirements described in Section 313 of these rules, provider-owned or controlled settings, including Residential Assisted Living Facilities and Certified Family Homes that provide services to HCBS participants, must also meet the following conditions:

(7-1-16)

- **01. Written Agreement**. A lease, residency agreement, admission agreement, or other form of written agreement will be in place for each HCBS participant at the time of occupancy. The lease or residency agreement must provide protections that address eviction processes and appeals comparable to those provided under Idaho landlord tenant law.

 (7-1-16)
- **02. Privacy**. Participants have the right to privacy within their residence. Each participant must have privacy in their sleeping or living unit to include the following: (7-1-16)
- **a.** The right to entrance doors that are lockable by the individual, with only appropriate staff having keys to doors. (7-1-16)
 - **b.** Participants sharing units have a choice of roommates in that setting. (7-1-16)
- **03. Décor**. Participants have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. (7-1-16)
- **04.** Schedules and Activities. Participants have the freedom and support to control their own schedules and activities. (7-1-16)
 - **05.** Access To Food. Participants have access to food at any time. (7-1-16)
- **06. Visitors**. Participants are able to have visitors of their choosing at any time in accordance with the applicable requirements under IDAPA 16.03.19, "Certified Family Homes," and IDAPA 16.03.22, "Residential Assisted Living Facilities." Except, through the duration of the declared COVID-19 public health emergency, CFH providers may restrict visitation to minimize the spread of the COVID-19 infection.

 (7-1-16)(3-13-20)T
 - **07.** Accessibility. The setting is physically accessible to the participant. (7-1-16)

(BREAK IN CONTINUITY OF SECTIONS)

317. HOME AND COMMUNITY-BASED PERSON-CENTERED SERVICE PLAN REQUIREMENTS.

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All person-centered service plans must reflect the following components:

(7-1-16)

- **01. Services And Supports.** Clinical services and supports that are important for the participant's behavioral, functional, and medical needs as identified through an assessment. (7-1-16)
- **O2. Service Delivery Preferences.** Indication of what is important to the participant with regard to the service provider and preferences for the delivery of such services and supports. (7-1-16)
- **03. Setting Selection.** HCBS settings selected by the participant or the participant's decision-making authority are chosen from among a variety of setting options, as required in Section 313 of these rules. The personcentered service plan must identify and document the alternative home and community setting options that were considered by the participant, or the participant's decision-making authority. (7-1-16)
 - 04. Participant Strengths and Preferences.

(7-1-16)

05. Individually Identified Goals and Desired Outcomes.

- (7-1-16)
- **96.** Paid and Unpaid Services and Supports. Paid and unpaid services and supports that will assist the participant to achieve identified goals, and the providers of those services and supports, including natural supports.

 (7-1-16)
- **07. Risk Factors**. Risk factors to the participant as well as people around the participant and measures in place to minimize them, including individualized back-up plans and strategies when needed. (7-1-16)
- **08.** Understandable Language. Be understandable to the participant receiving services and supports, and the individuals important in supporting them. At a minimum, the written plan must be understandable, and written in plain language in a manner that is accessible to participants with disabilities and persons who are limited English proficient, consistent with 42 CFR 435.905(b). (7-1-16)
 - **Plan Monitor**. Identify the name of the individual or entity responsible for monitoring the plan. (7-1-16)
- 10. Plan Signatures. Be finalized and agreed to, by the participant, or the participant's decision-making authority, in writing, indicating informed consent. The plan must also be signed by all individuals and providers responsible for its implementation indicating they will deliver services according to the authorized plan of service and consistent with home and community-based requirements. (7-1-16)
- **a.** Children's DD service providers responsible for implementation of the plan include the providers of those services defined in Sections 663 and 683 of these rules. (7-1-16)
- **b.** Adult DD service providers responsible for implementation of the plan include those required to develop a provider implementation plan as defined in Sections 513 and 654 of these rules. (7-1-16)
- **c.** Consumer-directed service providers responsible for implementation of the plan include the participant, Support Broker, and Fiscal Employment Agency as identified in IDAPA 16.03.13, "Consumer-Directed Services." (7-1-16)
- d. Personal Care and Aged and Disabled Waiver service providers responsible for the implementation of the plan include the providers of those services defined in Sections 303 and 326 of these rules. Alternate format signatures may be used; refer to Medicaid Information Release MA20-15 for guidance.

 (7.1.16)(3-13-20)T
- 11. Plan Distribution. Be distributed to the participant and the participant's decision-making authority, if applicable, and other people involved in the implementation of the plan. At a minimum, the following providers will receive a copy of the plan:

 (7-1-16)
- **a.** Children's DD providers of services defined in Sections 663 and 683 of these rules as identified on the plan of service developed by the family-centered planning team. (7-1-16)

- **b.** Adult DD service providers required to develop a provider implementation plan as defined in Sections 513 and 654 of these rules. Additionally, the participant will determine during the person-centered planning process whether the service plan, in whole or in part, will be distributed to any other developmental disability service provider.

 (7-1-16)
- c. Consumer-Directed service providers as defined in IDAPA 16.03.13, "Consumer-Directed Services," Section 110. Additionally, the participant, or the participant's decision-making authority will determine during the person-centered planning process whether the service plan, in whole or in part, will be distributed to any other community support worker or vendors. (7-1-16)
- **d.** Personal Care and Aged and Disabled Waiver service providers furnishing those services defined in Sections 303 and 326 of these rules. (7-1-16)
- **12. Residential Requirements.** For participants living in residential provider owned or controlled settings as described in Section 314 of these rules, the following additional requirements apply: (7-1-16)
- **a.** Options described in Subsection 317.03 of this rule must include a residential setting option that allows for private units. Selection of residential settings will be based on the participant's needs, preferences, and resources available for room and board. (7-1-16)
- **b.** Any exception to residential provider owned or controlled setting qualities as described in Section 314 of these rules must be documented in the person-centered plan as described in Section 315 of these rules.

(7-1-16)

(BREAK IN CONTINUITY OF SECTIONS)

320. AGED AND DISABLED WAIVER SERVICES.

- O1. Description of Aged and Disabled Services. Idaho's elderly and physically disabled citizens should be able to maintain self-sufficiency, individuality, independence, dignity, choice, and privacy in a cost-effective home-like setting. When possible, services should be available in the consumer's own home and community regardless of their age, income, or ability and should encourage the involvement of natural supports, such as family, friends, neighbors, volunteers, church, and others.

 (3-19-07)(3-13-20)T
- Related to Novel Coronavirus Disease (COVID-19). In response to Idaho's declaration on 3/13/20 of a state of emergency related to COVID-19, the Department reserves the right to temporarily alter requirements and processes related to Aged and Disabled waiver services, currently and through the duration of the emergency state, in order to mitigate spread of disease and to ensure the health and safety of our participants under the guidance and authority of the provisions in a CMS-approved 1135 waiver or HCBS Attachment K amendment to the existing Aged and Disabled waiver. In the event additional changes are required in the future, guidance will be posted on the https://healthandwelfare.idaho.gov/Providers/Providers-Medicaid/InformationReleases/tabid/264/Default.aspx webpage. Changes already in affect at the time of this rulemaking supersede existing rule and include: (3-13-20)T
- a. <u>Criminal History Background Checks.</u> (Amends Subsections: 009.03.b., 009.03.k., 009.03.l., 329.03.c., 329.07, 329.09, 329.12.d., 329.14, 329.15, 329.17.a.vi., 329.18, 329.19.d., 329.20, 329.21.c.) Newly hired direct care staff may begin rendering services prior to a completed criminal history background check as long as all of the conditions in https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MA2015.pdf are met. (3-13-20)T
- <u>b.</u> <u>Direct Care Staff Training Requirements.</u> (Amends Subsections: 329.03, 329.10.f., 329.12.g., 329.13.c., 329.14, 329.15, 329.17.a. through d., 329.21.d.) Newly hired direct care staff may begin rendering services prior to the requirements associated with the provider's agency type or service array according to guidance in the https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MA2015.pdf. (3-13-20)T

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- <u>c.</u> General Compliance and Oversight Activities. (Amends Sections: 328 and 329) Service providers may, at their discretion, implement the following changes to routine compliance and oversight activities according to guidance in the https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MA2015.pdf. Allowable changes include:

 (3-13-20)T
 - i. Suspending supervisory on-sight visits. (3-13-20)T
 - ii. Suspending face-to-face service plan development. (3-13-20)T
- <u>iii.</u> <u>Utilizing telehealth to provide services.</u> <u>https://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=xMwhG1Mtoal%3d&tabid=264&portalid=0&mid=18434 provides further guidance for providers able to use telehealth. (3-13-20)T</u>
 - iv. Allowing alternative formats for signature requirements (such as electronic signatures). (3-13-20)T
 - v. Suspending the Department's on-site agency reviews. (3-13-20)T
- d. Postponement of Annual Redeterminations. (Amends Subsection: 323.03) The Bureau of Long Term Care (BLTC) may postpone annual redeterminations at the discretion of the Department in order to prioritize workloads related to assessments for new waiver applicants and participants with significant changes. (3-13-20)T

(BREAK IN CONTINUITY OF SECTIONS)

328. AGED AND DISABLED WAIVER SERVICES: PROCEDURAL REQUIREMENTS.

- **01. Role of the Department**. The Department or its contractor will provide for the administration of the UAI, and the development of the initial individual service plan. This will be done either by Department staff or a contractor. The Department or its contractor will review and approve all individual service plans, and will authorize Medicaid payment by type, scope, and amount. (4-4-13)
- **a.** Services that are not in the individual service plan approved by the Department or its contractor are not eligible for Medicaid payment. (4-4-13)
- **b.** Services in excess of those in the approved individual service plan are not eligible for Medicaid payment. (3-19-07)
- **c.** The earliest date that services may be approved by the Department or its contractor for Medicaid payment is the date that the participant's individual service plan is signed by the participant or their designee.

 (4-4-13)
- **02. Pre-Authorization Requirements.** All waiver services must be pre-authorized by the Department. Authorization will be based on the information from: (3-19-07)
 - a. The UAI; (3-19-07)
 - **b.** The individual service plan developed by the Department or its contractor; and (3-19-07)
- **c.** Any other medical information that verifies the need for nursing facility services in the absence of the waiver services. (3-19-07)
- **03. UAI Administration**. The UAI will be administered, and the initial individual service plan developed, by the Department or its contractor. (4-4-13)
- **04.** Individual Service Plan. All waiver services must be authorized by the Department or its contractor in the Region where the participant will be residing and services provided based on a written individual

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service plan. (4-4-13)

- **a.** The initial individual service plan is developed by the Department or its contractor, based on the UAI, in conjunction with: (4-4-13)
- i. The waiver participant (with efforts made by the Department or its contractor to maximize the participant's involvement in the planning process by providing them with information and education regarding their rights); (4-4-13)
 - ii. The guardian, when appropriate; (3-30-07)
 - iii. The supervising nurse or case manager, when appropriate; and (3-19-07)
 - iv. Others identified by the waiver participant. (3-19-07)
 - **b.** The individual service plan must include the following: (3-19-07)
- i. The specific type, amount, frequency, and duration of Medicaid reimbursed waiver services to be provided; (3-30-07)
- ii. Supports and service needs that are to be met by the participant's family, friends, neighbors, volunteers, church, and other community services; (3-30-07)
 - iii. The providers of waiver services when known; (3-30-07)
- iv. Documentation that the participant has been given a choice between waiver services and institutional placement; and (3-19-07)
 - v. The signature of the participant or their legal representative, agreeing to the plan. (3-19-07)
- **c.** The individual service plan must be revised and updated at least annually, based upon treatment results or a change in the participant's needs. (3-19-07)
- **d.** All services reimbursed under the Aged and Disabled Waiver must be authorized by the Department or its contractor prior to the payment of services. (4-4-13)
- **e.** The individual service plan, which includes all waiver services, is monitored by the Personal Assistance Agency, participant, family, and the Department or its contractor. (4-4-13)
- **05.** Service Delivered Following a Written Plan of Care. All services that are provided must be based on a written plan of care. (3-30-07)
 - **a.** The plan of care is developed by the plan of care team that includes: (3-30-07)
- i. The waiver participant with efforts made to maximize their participation on the team by providing them with information and education regarding their rights; (3-30-07)
 - ii. The guardian when appropriate; (3-30-07)
 - iii. Service provider identified by the participant or guardian; and (3-30-07)
 - iv. May include others identified by the waiver participant. (3-30-07)
 - **b.** The plan of care must be based on an assessment process approved by the Department. (3-30-07)
 - **c.** The plan of care must include the following: (3-30-07)

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- i. The specific types, amounts, frequency and duration of Medicaid reimbursed waiver services to be provided; (3-30-07)
- ii. Supports and service needs that are to be met by the participant's family, friends and other community services; (3-30-07)
 - iii. The providers of waiver services; (3-30-07)
 - iv. Goals to be addressed within the plan year; (3-30-07)
 - v. Activities to promote progress, maintain functional skills, or delay or prevent regression; and (3-30-07)
 - vi. The signature of the participant or their legal representative. (3-30-07)
- vii. The signature of the agency or provider indicating that they will deliver services according to the authorized service plan and consistent with home and community-based requirements. (7-1-16)
- **d.** The plan must be revised and updated by the plan of care team based upon treatment results or a change in the participant's needs. A new plan must be developed and approved annually. (3-30-07)
 - e. The Department's Nurse Reviewer monitors the plan of care and all waiver services. (7-1-16)
- f. The plan of care may be adjusted during the year with an addendum to the plan. These adjustments must be based on changes in a participant's need or demonstrated outcomes. Additional assessments or information may be clinically necessary. Adjustment of the plan of care is subject to prior authorization by the Department.

 (3-30-07)
- **06. Individual Service Plan and Written Plan of Care**. The development and documentation of the individual service plan and written plan of care must meet the person-centered planning requirements described in Sections 316 and 317 of these rules. (7-1-16)
 - **07. Provider Records.** Records will be maintained on each waiver participant. (3-19-07)
- **a.** Each service provider must document each visit made or service provided to the participant, and will record at a minimum the following information: (3-19-07)
 - i. Date and time of visit; (3-19-07)
 - ii. Services provided during the visit; (3-19-07)
- iii. Provider observation of the participant's response to the service, if appropriate to the service provided, including any changes in the participant's condition; and (3-19-07)
- iv. Length of visit, including time in and time out, if appropriate to the service provided. Unless the Department or its contractor determines that the participant is unable to do so, the service delivery will be verified by the participant as evidenced by their signature on the service record. (4-4-13)
- **b.** The provider is required to keep the original service delivery record. A copy of the service delivery record will be maintained in the participant's living arrangement unless authorized to be kept elsewhere by the Department. Failure to maintain documentation according to these rules will result in the recoupment of funds paid for undocumented services. (4-4-13)
- c. The individual service plan initiated by the Department or its contractor must specify which waiver services are required by the participant. The plan will contain all elements required by Subsection 328.04.a. of these rules and a copy of the most current individual service plan will be maintained in the participant's home and will be available to all service providers and the Department. A copy of the current individual service plan and UAI will be

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available from the Department or its contractor to each individual service provider with a release of information signed by the participant or legal representative. (4-4-13)

- **d.** Record requirements for participants in residential care or assisted living facilities are described in IDAPA 16.03.22, "Residential Assisted Living Facilities." (4-4-13)
- e. Record requirements for participants in certified family homes are described in IDAPA 16.03.19, "Certified Family Homes." (4-4-13)
- **08. Provider Responsibility for Notification**. The service provider is responsible to notify the Department or its contractor, physician or authorized provider, or case manager, and family if applicable, when any significant changes in the participant's condition are noted during service delivery. Such notification will be documented in the service record. (4-4-13)
- **09. Records Retention**. Personal Assistance Agencies, and other providers are responsible to retain their records for five (5) years following the date of service. (3-19-07)
- 10. Requirements for an Fiscal Intermediary (FI). Participants of PCS will have one (1) year from the date that services begin in their geographic region to obtain the services of an FI and become an employee in fact or to use the services of an agency. Provider qualifications are in accordance with Section 329 of these rules.

 (3-19-07)
- 11. COVID-19. The sections of this rule may be subject to amendment by the BLTC for the duration of the COVID-19 state of emergency. Please consult Medicaid Information Release MA20-15 for additional guidance.

 (3-13-20)T
- **329. AGED AND DISABLED WAIVER SERVICES: PROVIDER QUALIFICATIONS AND DUTIES.** Each provider must have a signed provider agreement with the Department for each of the services it provides. (3-19-07)
- **01. Employment Status.** Unless otherwise specified by the Department, each individual service provider must be an employee of record or fact of an agency. The Department may enter into provider agreements with individuals in situations in which no agency exists, or no fiscal intermediary agency is willing to provide services. Such agreements will be reviewed annually to verify whether coverage by a personal assistance agency or fiscal intermediary agency is still not available. (5-8-09)
 - **02. Fiscal Intermediary Services.** An agency that has responsibility for the following: (5-8-09)
- a. To directly assure compliance with legal requirements related to employment of waiver service providers; (3-19-07)
- **b.** To offer supportive services to enable participants or families consumers to perform the required employer tasks themselves; (3-19-07)
 - **c.** To bill the Medicaid program for services approved and authorized by the Department; (3-19-07)
 - **d.** To collect any participant participation due; (3-19-07)
 - **e.** To pay personal assistants and other waiver service providers for service; (3-19-07)
- f. To perform all necessary withholding as required by state and federal labor and tax laws, rules and regulations; (3-19-07)
- g. To assure that personal assistants providing services meet the standards and qualifications under in this rule; (5-8-09)
 - h. To maintain liability insurance coverage; (5-8-09)

- i. To conduct, at least annually, participant satisfaction or quality control reviews that are available to the Department and the general public; (5-8-09)
- **j.** To obtain such criminal background checks and health screens on new and existing employees of record and fact as required. (5-8-09)
- **O3. Provider Qualifications.** All providers of homemaker services, respite care, adult day health, transportation, chore services, companion services, attendant care, adult residential care, and home delivered meals must meet, either by formal training or demonstrated competency, the training requirements contained in the provider training matrix and the standards for direct care staff and allowable tasks or activities in the Department's Aged and Disabled waiver as approved by CMS. (4-4-13)
- **a.** A waiver provider cannot be a relative of any participant to whom the provider is supplying services. (3-19-07)
- **b.** For the purposes of Section 329 of these rules, a relative is defined as a spouse or parent of a minor child. (3-19-07)
- c. Individuals who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (4-4-13)
- **Quality Assurance**. Providers of Aged and Disabled waiver services are responsible for ensuring that they provide quality services in compliance with applicable rules. (7-1-16)
- a. The results of a quality assurance review conducted by the Department must be transmitted to the provider within forty-five (45) days after the review is completed. (7-1-16)
- **b.** The provider must respond to the quality assurance review within forty-five (45) days after the results are received from the Department. If problems are identified, the provider must implement a quality improvement plan and report the results to the Department upon request. (7-1-16)
- c. The Department may take enforcement actions as described in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Section 205, if the provider fails to comply with any term or provision of the provider agreement, or any applicable state or federal regulation. (7-1-16)
- **05. HCBS Setting Compliance**. Providers of Aged and Disabled waiver services are responsible for ensuring that they meet the person-centered planning and setting quality requirements described in Sections 311 through 318 of these rules, as applicable, and must comply with associated Department quality assurance activities.

 (7-1-16)
- **O6. Specialized Medical Equipment and Supplies.** Providers of specialized medical equipment and supplies must be enrolled in the Medicaid program as participating medical vendor providers. Providers must ensure all items meet applicable standards of manufacture, design and installation. Preference will be given to equipment and supplies that are the most cost-effective option to meet the participant's needs. (4-4-13)
- **O7. Skilled Nursing Service**. Skilled nursing service providers must be licensed in Idaho as a licensed registered nurse or licensed practical nurse in good standing, or must be practicing on a federal reservation and be licensed in another state. Skilled nursing providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks."
- **08. Consultation Services.** Consultation services must be provided through a Personal Assistance Agency by a person who has demonstrated skills in training participants/family members in hiring, firing, training, and supervising their own care providers. (4-4-13)
 - **09.** Adult Residential Care. Adult residential care providers will meet all applicable state laws and

regulations. In addition, the provider must ensure that adequate staff are provided to meet the needs of the participants accepted for admission. Adult residential care providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.03.19, "Certified Family Homes," or IDAPA 16.03.22, "Residential Assisted Living Facilities." (4-4-13)

- **10. Home Delivered Meals**. Providers of home delivered meals must be a public agency or private business, and must exercise supervision to ensure that: (4-4-13)
- **a.** Each meal meets one-third (1/3) of the Recommended Daily Allowance, as defined by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; (4-4-13)
- **b.** Meals are delivered in accordance with the service plan, in a sanitary manner, and at the correct temperature for the specific type of food; (4-4-13)
- **c.** Documentation is maintained demonstrating that the meals served are made from the highest USDA grade for each specific food served; (4-4-13)
- **d.** The agency or business is inspected and licensed as a food establishment under IDAPA 16.02.19, "Idaho Food Code"; (4-4-13)
- **e.** A Registered Dietitian documents the review and approval of menus, menu cycles, and any changes or substitutions; and (4-4-13)
- **f.** Either by formal training or demonstrated competency, the training requirements contained in the Idaho provider training matrix and the standards for direct care staff in accordance with Subsection 329.03 of this rule have been met.

 (4-4-13)
- 11. Personal Emergency Response Systems. Personal emergency response system providers must demonstrate that the devices installed in a waiver participant's home meet Federal Communications Standards, or Underwriter's Laboratory Standards, or equivalent standards. (4-4-13)
 - 12. Adult Day Health. Providers of adult day health must meet the following requirements: (4-4-13)
- **a.** Services provided in a facility must be provided in a facility that meets the building and health standards identified in IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)." (4-4-13)
- **b.** Services provided in a home must be provided in a home that meets the standards of home certification identified in IDAPA 16.03.19, "Certified Family Homes." (4-4-13)
- **c.** Services provided in a residential adult living facility must be provided in a residential adult living facility that meets the standards identified in IDAPA 16.03.22, "Residential Assisted Living Facilities." (4-4-13)
- **d.** Adult day health providers who provide direct care or services must satisfactorily complete a criminal history check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (4-4-13)
- e. Providers of adult day health must notify the Department on behalf of the participant, if the adult day health is provided in a certified family home other than the participant's primary residence. The adult day health provider must provide care and supervision appropriate to the participant's needs as identified on the plan. (4-4-13)
- **f.** Adult day health providers who provide direct care or services must be free from communicable disease. (4-4-13)
- g. All providers of adult day health services must meet, either by formal training or demonstrated competency, the training requirements contained in the Idaho provider training matrix and the standards for direct care staff in accordance with Subsection 329.03 of this rule. (4-4-13)
 - 13. Non-Medical Transportation Services. Providers of non-medical transportation services must:

(4-4-13) (4-4-13)

- a. Possess a valid driver's license;
- **b.** Possess valid vehicle insurance; and (4-4-13)
- c. Meet, either by formal training or demonstrated competency, the training requirements contained in the Idaho provider training matrix and the standards for direct care staff in accordance with Subsection 329.03 of this rule.

 (4-4-13)
- 14. Attendant Care. Attendant care providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." All providers of attendant care must meet, either by formal training or demonstrated competency, the training requirements contained in the Idaho provider training matrix and the standards for direct care staff in accordance with Subsection 329.03 of this rule.

 (4-4-13)
- 15. Homemaker Services. The homemaker must be an employee of record or fact of an agency. Homemaker service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." All providers of homemaker services must meet, either by formal training or demonstrated competency, the training requirements contained in the Idaho provider training matrix and the standards for direct care staff in accordance with Subsection 329.03 of this rule.

 (4-4-13)
- **16. Environmental Accessibility Adaptations.** All services must be provided in accordance with applicable state or local building codes and meet state or local building, plumbing, and electrical requirements for certification. (4-4-13)
- 17. Residential Habilitation Supported Living. When residential habilitation services are provided by an agency, the agency must be certified by the Department as a residential habilitation agency under IDAPA 16.04.17, "Residential Habilitation Agencies," and supervise the direct services provided. Individuals who provide residential habilitation services in the home of the participant (supported living) must be employed by a residential habilitation agency. Providers of residential habilitation services must meet the following requirements: (4-4-13)
 - **a.** Direct service staff must meet the following minimum qualifications: (3-30-07)
 - i. Be at least eighteen (18) years of age; (3-30-07)
- ii. Be a high school graduate, or have a GED, or demonstrate the ability to provide services according to a plan of service; (4-4-13)
 - iii. Have current CPR and First Aid certifications; (3-30-07)
 - iv. Be free from communicable disease; (4-4-13)
- v. Each staff person assisting with participant medications must successfully complete and follow the "Assistance with Medications" course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing or other Department-approved training. (3-30-07)
- vi. Residential habilitation service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks:"

 (4-4-13)
- vii. Have appropriate certification or licensure if required to perform tasks that require certification or licensure. Direct service staff must also have taken a traumatic brain injury training course approved by the Department. (3-30-07)
 - **b.** The provider agency is responsible for providing direct service staff with a traumatic brain injury

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training	course a	approved by the Department, and training specific to the needs of the participant.	(4-4-13)	
c. Prior to delivering services to a participant, agency direct service staff must complete an orientation program. The orientation program must include the following subjects: (4-4-13)				
	i.	Purpose and philosophy of services;	(3-30-07)	
	ii.	Service rules;	(3-30-07)	
	iii.	Policies and procedures;	(3-30-07)	
	iv.	Proper conduct in relating to waiver participants;	(3-30-07)	
	v.	Handling of confidential and emergency situations that involve the waiver participant;	(3-30-07)	
	vi.	Participant rights;	(3-30-07)	
	vii.	Methods of supervising participants;	(3-30-07)	
	viii.	Working with individuals with traumatic brain injuries; and	(3-30-07)	
	ix.	Training specific to the needs of the participant.	(3-30-07)	
d. Additional training requirements must be completed within six (6) months of employment with the residential habilitation agency and include at a minimum: (3-29-12)			ent with the (3-29-12)	
i. Instructional techniques: Methodologies for training in a systematic and effective manner; (3-30-6)			er; (3-30-07)	
	ii.	Managing behaviors: Techniques and strategies for teaching adaptive behaviors;	(3-30-07)	
	iii.	Feeding;	(3-30-07)	
	iv.	Communication;	(3-30-07)	
	v.	Mobility;	(3-30-07)	
	vi.	Activities of daily living;	(3-30-07)	
	vii.	Body mechanics and lifting techniques;	(3-30-07)	
	viii.	Housekeeping techniques; and	(3-30-07)	
	ix.	Maintenance of a clean, safe, and healthy environment.	(3-30-07)	
e. The provider agency will be responsible for providing on-going training specific to the needs of the participant as needed. (4-4-13)			needs of the (4-4-13)	
	10	The state of the s	(2)	

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

(4-4-13)

19. Respite Care. Providers of respite care services must meet the following minimum qualifications: (4-4-13)

- **a.** Have received care giving instructions in the needs of the person who will be provided the service; (4-4-13)
- **b.** Demonstrate the ability to provide services according to a plan of service; (4-4-13)
- c. Be free of communicable disease; and (4-4-13)
- **d.** Respite care service providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks."

 (4-4-13)
- **20. Supported Employment**. Supported employment services must be provided by an agency that supervises the direct service and is accredited by the Commission on Accreditation of Rehabilitation Facilities, other comparable standards, or meet State requirements to be a State-approved provider. Supported employment service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (3-20-20)
 - 21. Chore Services. Providers of chore services must meet the following minimum qualifications: (4-4-13)
 - (4-4-13)
 - **b.** Demonstrate the ability to provide services according to a plan of service. (4-4-13)
- c. Chore service providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks."

Be skilled in the type of service to be provided; and

- **d.** Meet, either by formal training or demonstrated competency, the training requirements in the Idaho provider training matrix and the standards for direct care staff in accordance with Subsection 329.03 of this rule.

 (4-4-13)
- **22. Transition Services.** Transition managers as described in Section 350.01 of these rules are responsible for administering transition services. (4-11-19)
- 23. COVID-19. The sections of this rule may be subject to amendment by the BLTC for the duration of the COVID-19 state of emergency. Please consult Medicaid Information Release MA20-15 for additional guidance.

 (3-13-20)T

(BREAK IN CONTINUITY OF SECTIONS)

350. TRANSITION MANAGEMENT.

a.

Transition management provides relocation assistance and intensive service coordination activities to assist nursing facility, hospital, IMD and ICF/ID residents to transition to community settings of their choice. Transition managers provide oversight and coordination activities for participants during a transitional period up to twelve (12) months following a return to the community. This provider type will function as a liaison between the participant, institutional or facility discharge staff, other individuals as designated by the participant and the Department to support a successful and sustainable transition to the community. A participant is eligible to receive transition management when planning to discharge from a qualifying institution after residing within that institution for a minimum of forty-five (45) Medicaid-reimbursed days.

(4-11-19)

- **01. Provider Qualifications.** Transition managers must: (4-11-19)
- a. Satisfactorily complete a criminal history and background check in accordance with IDAPA

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16.05.06, "Criminal History and Background Checks";

(4-11-19)

- **b.** Have documented successful completion of the Department approved Transition Manager training prior to providing any transition management and transition services; (4-11-19)
- **c.** Have a Bachelor's Degree in a human services field from a nationally accredited university or college; or three (3) years' supervised work experience with the population being served; and (4-11-19)
 - **d.** Be employed with a provider type approved by the Department. (4-11-19)
 - **O2. Service Description**. Transition management includes the following activities: (4-11-19)
 - a. A comprehensive assessment of health, social, and housing needs; (4-11-19)
- **b.** Development of housing options with each participant, including assistance with housing choices, applications, waitlist follow-up, roommate selection, and introductory visits; (4-11-19)
 - **c.** Assistance with tasks necessary to accomplish a move from the institutional setting; (4-11-19)
- **d.** Securing Transition Services in accordance with Subsection 326.17 or Subsection 703.15 of these rules in order to make arrangements necessary to move, including: (4-11-19)
 - i. Obtaining durable medical equipment, assistive technology, and medical supplies, if needed; (4-11-19)
 - ii. Arranging for home modifications, if needed; (4-11-19)
 - iii. Applying for public assistance, if needed; (4-11-19)
- iv. Arranging household preparations including scheduling moving and/or cleaning services, utility set-up, purchasing furniture, and household supplies, if needed; (4-11-19)
- **e.** Coordinating with others involved in plan development for the participant to ensure successful transition and establishment in a community setting; (4-11-19)
- **f.** Providing post-transition support, including assistance with problem solving, dependency and isolation concerns, consumer-directed services and supports, Medicaid Enhanced Plan Benefits when applicable, and community inclusion. (4-11-19)
- **03. Service Limitations**. Transition management is limited to seventy-two (72) hours per participant per qualifying transition. (4-11-19)
- Related to Novel Coronavirus Disease (COVID-19). In response to Idaho's declaration on 3/13/20 of a state of emergency related to COVID-19, the Department reserves the right to temporarily alter requirements and processes related to Transition Management services, currently and through the duration of the emergency state, in order to mitigate spread of disease and to ensure the health and safety of our participants under the guidance and authority of the provisions in a CMS approved 1135 waiver. In the event additional changes are required in the future, guidance will be posted on the Medicaid Information Releases webpage. Changes already in affect at the time of this rulemaking supersede existing rule and include:

 (3-13-20)T
- a. <u>Criminal History Background Checks. (Amends Subsection: 350.01.a.) Newly hired direct care staff may begin rendering services prior to a completed criminal history background check as long as all of the conditions in Medicaid Information Release MA20-15 are met. (3-13-20)T</u>
- <u>b.</u> <u>General Compliance and Oversight Activities. (Amends Subsection: 350.02) Service providers may, at their discretion, implement the following changes to routine compliance and oversight activities according to</u>

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guidance in the Medicaid Information Release MA20-15. Allowable changes include:

(3-13-20)T

i. Suspending face-to-face service plan development.

(3-13-20)T

- ii. <u>Utilizing telehealth to provide services. Medicaid Information Release MA20-07 provides further guidance for providers able to use telehealth.</u> (3-13-20)T
 - iii. Allowing alternative formats for signature requirements (such as electronic signatures). (3-13-20)T

(BREAK IN CONTINUITY OF SECTIONS)

513. ADULT DEVELOPMENTAL DISABILITY SERVICES PRIOR AUTHORIZATION: PLAN OF SERVICE.

In collaboration with the participant, the Department will assure that the participant has one (1) plan of service. This plan of service is based on the individualized participant budget referred to in Section 514 of these rules and must identify all services and supports. Participants may develop their own plan or designate a paid or non-paid plan developer. In developing the plan of service, the plan developer and the participant must identify services and supports available outside of Medicaid-funded services that can help the participant meet desired goals. Authorized services must be delivered by providers who are selected by the participant.

(3-29-12)

Qualifications of a Paid Plan Developer. Neither a provider of direct service to the participant nor the assessor may be chosen to be the paid plan developer. Family members and all others who wish to be paid for plan development must be employed as a service coordinator as defined in Sections 729 through 732 of these rules.

(3-19-07)

- **O2. Plan Development.** All participants must direct the development of their service plan through a person-centered planning process. Individuals invited to participate in the person-centered planning process will be identified by the participant and may include family members, guardian, or individuals who are significant to the participant. In developing the plan of service, the plan developer and participant must identify any services and supports available outside of Medicaid-funded services that can help the participant meet desired goals and outcomes.

 (7-1-16)
- **a.** The plan of service must be submitted within forty-five (45) days prior to the expiration of the existing plan of service unless delayed because of participant unavailability due to extenuating circumstances. If the plan is not submitted within this time period, authorization for provider payments may be terminated. (7-1-16)
- **b.** The plan development process must meet the person-centered planning requirements described in Section 316 of these rules. (7-1-16)
- c. The participant may facilitate their own person-centered planning meeting, or designate a paid or non-paid plan developer to facilitate the meeting. Individuals responsible for facilitating the person-centered planning meeting cannot be providers of direct services to the participant. (7-1-16)
- **03. Prior Authorization Outside of These Rules**. The plan developer must ensure that all services that require prior authorization outside of these rules are submitted to the appropriate unit of the Department. These services include: (3-19-07)

a. Durable Medical Equipment (DME); (3-19-07)

b. Transportation; and (3-19-07)

c. Physical therapy, occupational therapy, and speech-language pathology services. (7-1-13)

04. No Duplication of Services. The plan developer will ensure that there is no duplication of services. Duplicate services will not be authorized. (3-29-12)

- **95. Plan Monitoring.** The participant, service coordinator or plan monitor must monitor the plan. The plan developer is the plan monitor unless there is a service coordinator, in which case the service coordinator assumes the roles of both service coordinator and plan monitor. The planning team must identify the frequency of monitoring, which must be at least every ninety (90) days. Plan monitoring must include the following: (3-19-07)
- a. Review of the plan of service in a face-to-face contact with the participant to identify the current status of programs and changes if needed. The face-to-face encounter may occur via synchronous interaction telehealth, as defined in Title 54, Chapter 57, Idaho Code;

 (3-19-07)(3-13-20)T
 - **b.** Contact with service providers to identify barriers to service provision; (3-19-07)
 - c. Discuss with participant satisfaction regarding quality and quantity of services; and (3-19-07)
 - **d.** Review of provider status reviews. (3-29-12)
- e. The provider will immediately report all allegations or suspicions of mistreatment, abuse, neglect, or exploitation, as well as injuries of unknown origin to the agency administrator, the Department, the adult protection authority, and any other entity identified under Section 39-5303, Idaho Code, or federal law. (3-29-12)
- **96. Provider Status Reviews.** Service providers, with exceptions identified in Subsection 513.09 of these rules, must report the participant's progress toward goals to the plan monitor on the provider status review when the plan has been in effect for six (6) months and at the annual person-centered planning meeting. The semi-annual and annual reviews must include: (7-1-16)
 - **a.** The status of supports and services to identify progress; (3-19-07)
 - **b.** Maintenance; or (3-19-07)
 - **c.** Delay or prevention of regression. (3-19-07)
- **07. Content of the Plan of Service**. The plan of service must identify the type of service to be delivered, goals to be addressed within the plan year, frequency of supports and services, and identified service providers. The plan of service must include activities to promote progress, maintain functional skills, or delay or prevent regression.

 (3-19-07)
- **a.** The written plan of service must meet the person-centered planning requirements described in Section 317 of these rules. (7-1-16)
- **b.** The written plan of service must be finalized and agreed to according to procedural requirements described in Section 704 of these rules. (7-1-16)
- **c.** The Department will distribute a copy of the plan of service to adult DD service providers defined in Section 317 of these rules. Additionally, the plan developer will be responsible to distribute a copy of the plan of service, in whole or part, to any other developmental disability service provider identified by the participant during the person-centered planning process. (7-1-16)
- **08. Informed Consent.** Unless the participant has a guardian who retains full decision-making authority, the participant must make decisions regarding the type and amount of services required. Prior to plan development, the plan developer must document that they have provided information and support to the participant to maximize their ability to make informed choices regarding the services and supports they receive and from whom. During plan development and amendment, planning team members must each indicate whether they believe the plan meets the needs of the participant, and represents the participant's choice. If there is a conflict that cannot be resolved among person-centered planning members or if a member does not believe the plan meets the participant's needs or represents the participant's choice, the plan or amendment may be referred to the Bureau of Developmental Disability Services to negotiate a resolution with members of the planning team.

- **09. Provider Implementation Plan**. Each provider of Medicaid services must develop an implementation plan that complies with home and community-based setting requirements and identifies specific objectives that relate to goals finalized and agreed to in the participant's authorized plan of service. These objectives must demonstrate how the provider will assist the participant to meet the participant's goals, desired outcomes, and needs identified in the plan of service. (7-1-16)
 - **a.** Exceptions. An implementation plan is not required for waiver providers of: (3-19-07)
 - i. Specialized medical equipment; (3-19-07)
 - ii. Home delivered meals; (3-19-07)
 - iii. Environmental accessibility adaptations; (7-1-16)
 - iv. Non-medical transportation; (3-19-07)
 - v. Personal emergency response systems (PERS); (3-19-07)
 - vi. Respite care; and (3-19-07)
 - vii. Chore services. (3-19-07)
- **b.** Time for Completion. Implementation plans must be completed within fourteen (14) days of receipt of the authorized plan of service or the service start date, whichever is later. (7-1-16)
- i. If the authorized plan of service is received after the service start date, service providers must support billing by documenting service provision as agreed to by the participant and consistent with Section 704 of these rules.

 (7-1-16)
 - ii. Implementation plan revision must be based on changes to the needs of the participant. (7-1-16)
- c. Documentation of Changes. Documentation of Implementation Plan changes will be included in the participant's record. This documentation must include, at a minimum, the reason for the change, documentation of coordination with other service providers (where applicable), the date the change was made, the signature of the person making the change complete with the date and title. (3-19-07)
- 10. Home and Community-Based Services Plan of Service Signature. Upon receipt of the authorized plan of service, HCBS providers responsible for the implementation of the plan as identified in Section 317 of these rules must sign the plan indicating they will deliver services according to the finalized and authorized plan of service, and consistent with home and community-based requirements. Each HCBS provider responsible for the implementation of the plan must maintain their signed plan in the participant's record. Documentation of signature must include the signature of the professional responsible for service provision complete with their title and the date signed. Provider signature will be completed each time an initial or annual plan of service is implemented.

 (7-1-16)

11. Addendum to the Plan of Service. (7-1-16)

- a. A plan of service may be adjusted during the year with an addendum to the plan. These adjustments must be based on a change to a cost, addition of a service or increase to a service, or a change of provider. Additional assessments or information may be clinically necessary. Adjustment of the plan of service is subject to prior authorization by the Department. (7-1-16)
- **b.** When a service plan has been adjusted, the Department will distribute a copy of the addendum to HCBS providers responsible for the implementation of the plan of service as identified in Section 317 of these rules.

 (7-1-16)
 - c. Upon receipt of the addendum, the HCBS provider must sign the addendum indicating they have

reviewed the plan adjustment and will deliver services accordingly. Documentation must include the signature of the professional responsible for service provision complete with their title and the date signed, and must be maintained in the participant's record. Provider signature will be completed each time an addendum is authorized. (7-1-16)

- 12. Annual Reauthorization of Services. A participant's plan of service must be reauthorized annually. The Department will review and authorize the new plan of service prior to the expiration of the current plan.
- a. Plan Developer Responsibilities for Annual Reauthorization. A new plan of service must be provided to the Department by the plan developer at least forty-five (45) days prior to the expiration date of the current plan. Prior to this, the plan developer must:

 (3-19-07)
 - i. Notify the providers who appear on the plan of service of the annual review date. (3-19-07)
- ii. Obtain a copy of the current annual provider status review from each provider for use by the person-centered planning team. Each provider status review must meet the requirements in Subsection 513.06 of these rules.

 (7-1-16)
- iii. Convene the person-centered planning team to develop a new plan of service; inviting individuals to participate that have been identified by the participant. (7-1-16)
- **b.** Evaluation and Prior Authorization of the Plan of Service. The plan of service will be evaluated and prior authorized in accordance with the requirements in Sections 507 and 513 of these rules. (3-19-07)
- **c.** Adjustments to the Annual Budget and Services. The annual budget and services may be adjusted by the Department based on demonstrated outcomes, progress toward goals and objectives, and benefit of services.

 (3-29-12)
- **d.** Annual Status Reviews Requirement. If the provider's annual status reviews are not submitted with the annual plan, services will not be authorized at the time of the annual reauthorization. These services may be added to the plan of service only by means of an addendum to the plan in accordance with Subsection 513.10 of these rules.

 (7-1-16)
- **e.** Reapplication After a Lapse in Service. For participants who are re-applying for service after a lapse in service, the assessor will evaluate whether assessments are current and accurately describe the status of the participant. (3-19-07)
- **f.** Annual Assessment Results. An annual assessment will be completed in accordance with Section 512 of these rules. (3-19-07)

13. Complaints and Administrative Appeals.

(3-29-12)

- **a.** Participant complaints about the assessment process, eligibility determination, plan development, quality of service, and other relevant concerns may be referred to the Division of Medicaid. (3-29-12)
- **b.** A participant who disagrees with a Department decision regarding program eligibility and authorization of services under these rules may file an appeal. Administrative appeals are governed by provisions of IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings." (3-29-12)

(BREAK IN CONTINUITY OF SECTIONS)

522. CHILDREN'S DD HCBS STATE PLAN OPTION: ELIGIBILITY DETERMINATION.

Final determination of a participant's eligibility will be made by the Department.

(3-20-20)

01. Initial Eligibility Assessment Developmental Disability Determination. The Department, or its

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contractor, will determine if a child meets established criteria for a developmental disability by completing the following: (3-20-20)

- a. Documentation of a participant's developmental disability diagnosis, demonstrated by: (3-20-20)
- i. A medical assessment that contains medical information that accurately reflects the current status of the participant or establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code; or (3-20-20)
- ii. The results of psychometric testing, if eligibility for developmental disabilities services is based on intellectual disability and there is no prior testing, or prior testing is inconclusive or invalid. Initial eligibility determinations also require documentation of diagnosis for a participant whose eligibility is based on developmental disabilities other than intellectual disability. (3-20-20)
- **b.** An assessment of functional skills that reflects the participant's current functioning. The Department, or its contractor, will administer a functional assessment for use in initial eligibility determination of developmental disability eligibility. Annually, a new functional assessment may be required if the assessor determines that additional documentation is necessary to determine the participant's level of care criteria and must be completed sixty (60) calendar days before the expiration of the current plan of service. (3-20-20)
 - c. Medical, social, and developmental assessment (MSDA) summary. (3-20-20)
- **02. Determination for Children's DD HCBS State Plan Option**. The Department, or its contractor, will determine if a child meets the established criteria necessary to receive children's DD HCBS state plan option services by verifying:

 (3-20-20)
 - **a.** The participant is birth through seventeen (17) years of age; and (3-20-20)
- **b.** The participant has a developmental disability as defined under Sections 500, 501, and 503 these rules and Section 66-402, Idaho Code, and has a demonstrated need for Children's DD HCBS state plan option services; and (3-20-20)
- c. The participant qualifies for Medicaid under an eligibility group who meets the needs-based criteria of the 1915(i) benefit for children with developmental disabilities and falls within the income requirements as specified in Attachment 2.2-A of the Idaho State Plan under Title XIX. (3-20-20)
 - 03. Individualized Budget Methodology.

The following four (4) categories are used when determining individualized budgets for children with developmental disabilities. (3-20-20)

- **a.** Children's DD Level I. Children meeting developmental disabilities criteria. (3-20-20)
- **b.** Children's DD Level II. (3-20-20)
- i. Children who qualify based on functional limitations when their composite full-scale standard score of less than fifty (50); or (3-20-20)
- ii. Children who have an overall standard score up to fifty-three (53) when combined with a maladaptive behavior score of greater than one (1) to less than two (2) standard deviations from the mean. (3-20-20)
 - c. Children's DD Level III. (3-20-20)
- i. Children who qualify based on functional limitations when their composite full-scale standard score is less than fifty (50); and (3-20-20)
 - ii. Have an autism spectrum disorder diagnosis. (3-20-20)

- **d.** Children's DD Level IV. Children who qualify based on maladaptive behaviors when their maladaptive behavior score is two (2) standard deviations or greater from the mean. (3-20-20)
- **04. Participant Notification of Budget Amount**. The Department, or its contractor, will notify each participant of his set budget amount as part of the eligibility determination process. The notification will include how the participant may appeal the set budget amount. (3-20-20)
- **05.** Annual Re-Evaluation. Individualized budgets will be re-evaluated-annually. At the request of the participant, the Department, or its contractor, will also re-evaluate the set budget amount when there are documented changes that may support placement in a different budget category as outlined in Subsection 522.03 of this rule.

(3 20 20)(3-13-20)T

523. CHILDREN'S DD HCBS STATE PLAN OPTION: COVERAGE AND LIMITATIONS.

All children's DD HCBS must be identified on a plan of service developed by the family-centered planning team. The following services must be prior authorized and are reimbursable when provided in accordance with these rules.

(3-20-20)

- **01. Respite**. Respite provides supervision to the participant on an intermittent or short-term basis because of the need for relief of the primary unpaid caregiver or in response to a family emergency or crisis. Respite may be provided by a DDA or by an independent respite provider. An independent respite provider may be a relative of the participant. Payment for respite does not include room and board. Respite may be provided in the participant's home, the private home of the independent respite provider, a DDA, or in the community. The following limitations apply:

 (3-20-20)
- **a.** Respite must not be provided on a continuous, long-term basis as a daily service that would enable an unpaid caregiver to work. (3-20-20)
 - **b.** Respite must only be offered to participants living with an unpaid caregiver who requires relief. (3-20-20)
 - c. Respite cannot exceed fourteen (14) consecutive days. (3-20-20)
- **d.** Respite must not be provided at the same time other Medicaid services are being provided with the exception of when an unpaid caregiver is receiving family education. (3-20-20)
- **e.** The respite provider must not use restraints on participants, other than physical restraints in the case of an emergency. Physical restraints may be used in an emergency to prevent injury to the participant or others and must be documented in the participant's record. (3-20-20)
 - **f.** When respite is provided as group respite, the following applies: (3-20-20)
- i. When group respite is center-based, there must be a minimum of one (1) qualified staff providing direct services to every two (2) to six (6) participants. As the number and severity of the participants with functional impairments or behavioral needs increase, the participant ratio must be adjusted accordingly. (3-20-20)
- ii. When group respite is community-based, there must be a minimum of one (1) qualified staff providing direct services to every two (2) or three to six (36) participants. As the number and severity of the participants with functional impairments or behavioral needs increase, the participant ratio in the group must be adjusted from three (3) to two (2) accordingly.

 (3-20-20)(3-13-20)T
- g. Respite cannot be provided as center-based by an independent respite provider. An independent respite provider may only provide group respite when the following are met: (3-20-20)
 - i. The independent respite provider is a relative; and $\frac{(3-20-20)(3-13-20)T}{(3-20-20)(3-13-20)T}$
- ii. The independent respite provider is delivering respite to no more than three (3) eligible siblings; and (3-20-20)

- iii. The service is delivered in the home of the participants or the independent respite provider.
 (3-20-20)
- **O2.** Community-Based Supports. Community-based supports provides assistance to a participant by facilitating the participant's independence and integration into the community. This service provides an opportunity for participants to explore their interests, practice skills learned in other therapeutic environments, and learn through interactions in typical community activities. Integration into the community enables participants to expand their skills related to activities of daily living and reinforces skills to achieve or maintain mobility, sensory-motor, communication, socialization, personal care, relationship building, and participation in leisure and community activities. Community-based supports must: (3-20-20)
 - a. Not supplant services provided in school or therapy, or supplant the role of the primary caregiver; (3-20-20)
- **b.** Ensure the participant is involved in age-appropriate activities in environments typical peers access according to the ability of the participant; and (3-20-20)
- c. Have a minimum of one (1) qualified staff providing direct services to two (2) or three (3) for up to six (6) participants when provided as group community-based supports. As the number and severity of the participants with functional impairments or behavioral needs increase, the staff participant ratio must be adjusted accordingly.

 (3-20-20)(3-13-20)T
- **93. Family Education.** Family education is professional assistance to family members, or others, who participate in caring for the eligible participant to help them better meet the needs of the participant by providing an orientation to developmental disabilities and to educate families on generalized strategies for behavioral modification and intervention techniques specific to the participant's diagnosis. It offers education that is specific to the needs of the family and participant as identified on the plan of service. (3-20-20)
- **a.** Family education providers must maintain documentation of the training in the participant's record including the provision of activities outlined in the plan of service. (3-20-20)
 - **b.** Family education may be provided in a group setting not to exceed five (5) participants' families.

 (3-20-20)
- **04. Family-Directed Community Supports (FDCS).** Families of participants eligible for the children's DD HCBS state plan option may choose to direct their individualized budget rather than receive the traditional services described in Subsections 523.01 through 523.04 of this rule when the participant lives at home with their parent or legal guardian. All services provided under FDCS option must be delivered on a one-to-one basis, must be identified on a plan of service developed by the family-centered planning team, and must be prior authorized. Additional requirements for this option are outlined in Sections 520 through 522, Subsections 523.05-06 524.01-03, 524.07-10, and 525.01, and Section 528, of these rules, and IDAPA 16.03.13, "Consumer-Directed Services."

05. Limitations. (3-20-20)

- **a.** Children's DD HCBS state plan option services are limited by the participant's individualized budget amount. (3-20-20)
- **b.** Services offered in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," may not be authorized under these rules. (3-20-20)
 - **c.** Duplication of services cannot be provided. Services are considered duplicate when: (3-20-20)
 - i. An adaptive equipment and support service address the same goal; (3-20-20)
 - ii. Multiple adaptive equipment items address the same goal; (3-20-20)

- iii. Goals are not separate and unique to each service provided; or (3-20-20)
- iv. When more than one (1) service is provided at the same time, unless otherwise authorized.

(3-20-20)

- **d.** For the children's DD HCBS state plan option listed in Subsections 523.01, 523.02, and 523.03 of this rule, the following are excluded for Medicaid payment: (3-20-20)
 - i. Vocational services; (3-20-20)
 - ii. Educational services; and (3-20-20)
 - iii. Recreational services. (3-20-20)
- **96.** HCBS Compliance. Providers of children's DD HCBS are responsible for ensuring that they meet the setting quality requirements described in Section 313 of these rules, as applicable, and must comply with associated Department quality assurance activities. The Department may take enforcement actions as described in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Section 205, if the provider fails to comply with any term or provision of the provider agreement, or any applicable state or federal regulation. (3-20-20)

524. CHILDREN'S DD HCBS STATE PLAN OPTION: PLAN OF SERVICE PROCESS.

In collaboration with the participant, the Department must ensure that the participant has one (1) plan of service. This plan of service is developed within the individualized participant budget referred to in Section 522 of these rules and must identify all services. The plan of service must identify services and supports if available outside of Medicaid-funded services that can help the participant meet desired goals. Paid plan development must be provided by the Department, or its contractor, in accordance with Section 316 of these rules. (3-20-20)

01. History and Physical. Prior to the development of the plan of service, the plan developer must obtain a current history and physical completed by a practitioner of the healing arts. *This is required at least annually or more frequently as determined by the practitioner.* For participants in Healthy Connections, the Healthy Connections physician may conduct the history and physical and refer the participant for other evaluations.

 $\frac{(3-20-20)}{(3-13-20)T}$

- **O2. Plan of Service Development**. The plan of service must be developed with the child participant, the participant's decision-making authority, and facilitated by the Department, or its designee. If the participant is unable to attend the family-centered planning meeting, the plan of service must contain documentation to justify the participant's absence. With the decision-making authority's consent, the family-centered planning team may include other family members or participants who are significant to the participant. (3-20-20)
- **03.** Requirements for Collaboration. Providers of children's DD HCBS must coordinate with the family-centered planning team as specified on the plan of service. (3-20-20)
- **Plan Monitoring.** The family-centered planning team must identify the frequency of monitoring, which must be at least every six (6) months and document the plan monitor's name along with the monitoring frequency on the plan. The plan developer is considered the plan monitor and must meet face-to-face with the participant and the participant's decision-making authority at least annually. Plan monitoring includes reviewing the plan of service with the participant and the participant's decision-making authority to identify the current status of services, any barriers to services, and any necessary changes to the plan of service.

 (3-20-20)(3-13-20)T
- **05. Provider Status Reviews**. The service providers identified in Section 526 of these rules must report the participant's progress toward goals to the plan monitor. The provider must complete a six (6) month and annual provider status review. The six (6) month status review must be submitted thirty (30) days prior to the six (6) month date listed on the plan of service. The annual provider status review must be submitted to the plan monitor forty-five (45) calendar days prior to the expiration of the existing plan of service.

 (3-20-20)(3-13-20)T
 - **06.** Addendum to the Plan of Service. A plan of service may be adjusted during the year with an

addendum to the plan and these adjustments must be based on changes in a participant's need and requested by the parent or legal guardian. Adjustment of the plan of service requires the decision-making authority's signature and prior authorization by the Department. The Department will distribute the addendum to the providers involved in the addendum's implementation. Upon receipt by the provider, the addendum must be reviewed, signed, and returned to the Department, with a copy maintained in the participant's record.

(3-20-20)

- **4nnual** Reauthorization of Services. A participant's plan of service must be reauthorized annually. The Department must review and authorize the new plan of service prior to the expiration of the current plan.

 (3-20-20)(3-13-20)T
- **08.** Annual Eligibility Determination Results. An annual determination must be completed in accordance with Section 522 of these rules.

 (3-20-20)(3-13-20)T
- **09. Adjustments to the Annual Budget and Services**. The annual budget may be adjusted when there are documented changes that may support placement in a different budget category as identified in Section 522 of these rules. Services may be adjusted at any time during the plan year. (3-20-20)
- 10. Reapplication After a Lapse in Service. For participants who are re-applying for service, the assessor must evaluate whether assessments are current and accurately describe the status of the participant.

 (3-20-20)

525. CHILDREN'S DD HCBS STATE PLAN OPTION: PROCEDURAL REQUIREMENTS.

- **Requirements for Prior Authorization**. Prior authorization is to ensure the provision of the right care, in the right place, at the right price, and with the right outcomes in order to enhance health and safety, and to promote participants' rights, self-determination, and independence. Prior authorization is intended to help ensure the provision of necessary and appropriate services and supports. Services are reimbursable if they are identified on the authorized plan of service and are consistent with rules for HCBS as described in Sections 310 through 313 and 316 and 317 of these rules, and for the specific services included on the plan. Delivery of each service identified on the plan of service cannot be initiated until the plan has been signed by the parent or participant's decision-making authority, the provider responsible for service provision, and has been authorized by the Department. (3-20-20)
- **Requirements for Supervision**. All children's DD HCBS provided by a DDA or independent provider must be supervised. The supervisor must meet the intervention specialist or professional qualifications as outlined in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Section 575, "Children's Habilitation Intervention Services." The observation and review of the direct services must be performed by all staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the services as defined in this rule set.

 (3 20 20)(3-13-20)T
- **03. Requirements for Quality Assurance**. Providers of DD HCBS state plan option must demonstrate high quality of services through an internal quality assurance review process. (3-20-20)
- **04. General Requirements for Program Documentation**. The provider must maintain records for each participant served. Program documentation must be maintained by the independent provider or DDA in accordance with IDAPA 16.05.07, "Investigation and Enforcement of Fraud, Abuse, and Misconduct," Section 101. Failure to maintain such documentation will result in the recoupment of funds paid for undocumented services. For each participant, the following program documentation is required: (3-20-20)

a.	Date and time of visit;	(3-20-20)
b.	Support services provided during the visit;	(3-20-20)
c.	A summary of session or services provided;	(3-20-20)
d.	Length of visit, including time in and time out;	(3-20-20)
e.	Location of service; and	(3-20-20)

- **f.** Signature of the individual providing the service and date signed. (3-20-20)
- **05. Community-Based Supports Documentation**. In addition to the general requirements listed in Subsection 525.04 of this rule, the supervisor must complete at a minimum, six (6) month and annual provider status reviews for community-based support services provided. These provider status reviews must be completed more frequently when required on the plan of service and must: (3-20-20)
 - a. Be submitted to the plan monitor; and (3-20-20)
 - **b.** Be submitted on Department-approved forms. (3-20-20)
- **96. Family Education Documentation**. In addition to the general requirements listed in Subsection 525.04 of this rule, the DDA or independent provider must survey the parent or legal guardian's satisfaction of the service immediately following a family education session. (3-20-20)
- **526. CHILDREN'S DD HCBS STATE PLAN OPTION: PROVIDER QUALIFICATIONS AND DUTIES.** All providers of children's DD HCBS state plan option must have a valid provider agreement with the Department. (3-20-20)
- **01. Respite**. Respite may be provided by an agency that is certified as a DDA or by an independent respite provider. An independent respite provider is an individual who has entered into a provider agreement with the Department. Providers of respite must meet the following minimum qualifications: (3-20-20)
 - a. Be at least sixteen (16) years of age when employed by a DDA; or (3-20-20)
- **b.** Be at least eighteen (18) years of age and be a high school graduate, or have a GED, to act as an independent respite provider; and (3-20-20)
 - c. Have received instructions in the needs of the participant who will be provided the service; (3-20-20)
 - **d.** Demonstrate the ability to provide services according to a plan of service; (3-20-20)
- e. Satisfactorily complete a criminal history background check in accordance with Section 009 of these rules and IDAPA 16.05.06, "Criminal History and Background Checks,"; and (3-20-20)(3-13-20)T
- f. When employed by a DDA, be certified in CPR and first aid in accordance with the general training requirements under IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)." Independent respite providers must be certified in CPR and first aid prior to delivering services and must maintain current certification thereafter.

 (3-20-20)
- **02. Community-Based Support.** Community-based supports may be provided by a DDA or an independent provider. An independent provider is an individual who has entered into a provider agreement with the Department. Providers of community-based supports must meet the following minimum qualifications: (3-20-20)
 - a. Be at least eighteen (18) years of age; (3-20-20)
 - **b.** Have received instructions in the needs of the participant who will be provided the service; (3-20-20)
 - **c.** Demonstrate the ability to provide services according to a plan of service; (3-20-20)
- **d.** Have six (6) months supervised experience working with children with developmental disabilities. This can be achieved in the following ways: (3-20-20)
 - i. Have previous work experience gained through paid employment, university practicum experience,

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or internship; or (3-20-20)

- ii. Have on-the-job supervised experience gained through employment with increased supervision. Experience is gained by completing at least six (6) hours of job shadowing prior to the delivery of direct support services, and a minimum of weekly face to face supervision with the supervisor for a period of six (6) months while delivering services.

 (3-20-20)(3-13-20)T
- iii. For individuals providing community-based supports to children birth to age three (3), the six (6) months of documented experience must be with infants, toddlers, or children birth to age three (3) years of age with developmental delays or disabilities. (3-20-20)
- e. Complete competency coursework approved by the Department to demonstrate competencies related to the requirements to provide community-based supports. (3-20-20)
- f. Satisfactorily complete a criminal history background check in accordance with Section 009 of these rules and IDAPA 16.05.06, "Criminal History and Background Checks,"; and (3-20-20)(3-13-20)T
- g. When employed by a DDA, be certified in CPR and first aid in accordance with the general training requirements under IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)." Independent providers must be certified in CPR and first aid prior to delivering services and must maintain current certification thereafter. (3-20-20)
- **03. Family Education**. Family Education can be provided by an agency certified as a DDA or an individual who holds an independent habilitation intervention provider agreement with the Department and meets the intervention specialist or professional qualifications as outlined in IDAPA 16.03.09, "Medicaid Basic Plan Benefits". (3-20-20)

(BREAK IN CONTINUITY OF SECTIONS)

645. HOME AND COMMUNITY-BASED SERVICES (HCBS) STATE PLAN OPTION.

Home and community-based services are provided through the HCBS State Plan option as allowed in Section 1915(i) of the Social Security Act for adults with developmental disabilities who do not meet the ICF/ID level of care. HCBS state plan option services must comply with Sections 310 through 319, and Sections 645 through 657 of these rules. Through the duration of the COVID-19 public health emergency, the Department reserves the right to temporarily alter requirements and processes related to the Adult Developmental Disabilities HCBS State Plan Option program to mitigate spread of disease and to ensure the health and safety of our participants under the guidance and authority of the provisions in a CMS approved 1135 waiver or a state plan amendment to the existing Adult Developmental Disabilities HCBS State Plan Option benefit. In the event additional changes are required in the future, guidance will be posted on the Medicaid Information Releases webpage.

(4-11-19)(3-13-20)T

(BREAK IN CONTINUITY OF SECTIONS)

651. DEVELOPMENTAL THERAPY: COVERAGE REQUIREMENTS AND LIMITATIONS.

Developmental therapy must be recommended by a physician or other practitioner of the healing arts.

(7-1-13)

- **Requirements to Deliver Developmental Therapy**. Developmental therapy may be delivered in a developmental disabilities agency center-based program, the community, or the home of the participant. *Participants living in a certified family home must not receive home-based developmental therapy in a certified family home.* Developmental therapy includes individual developmental therapy and group developmental therapy. Developmental therapy must be delivered by Developmental Specialists or paraprofessionals qualified in accordance with these rules, based on an assessment completed prior to the delivery of developmental therapy.

 (7-1-13)(3-13-20)T
- **a.** Areas of Service. These services must be directed toward the rehabilitation or habilitation of physical or developmental disabilities in the areas of self-care, receptive and expressive language, learning, mobility,

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self-direction, capacity for independent living, or economic self-sufficiency.

(7-1-13)

- **b.** Age-Appropriate. Developmental therapy includes instruction in daily living skills the participant has not gained at the normal developmental stages in their life, or is not likely to develop without training or therapy. Developmental therapy must be age-appropriate. (7-1-11)
- **c.** Tutorial Activities and Educational Tasks are Excluded. Developmental therapy does not include tutorial activities or assistance with educational tasks associated with educational needs that result from the participant's disability. (7-1-11)
- **d.** Settings for Developmental Therapy. Developmental Therapy may be provided in home and community-based settings as described in Section 312 of these rules. Developmental therapy, in both individual and group formats, must be available in both community-based and home-based settings, and be based on participant needs, interests, or choices. (7-1-16)
- e. Staff-to-Participant Ratio. When group developmental therapy is center-based, there must be a minimum of one (1) qualified staff, who may be a paraprofessional or a Developmental Specialist, providing direct services for every twelve (12) participants. The community-based services must occur in integrated, inclusive settings and with no more than three (3) participants per qualified staff at each session. Additional staff must be added, as necessary, to meet the needs of each individual served. (7-1-13)
 - **02. Excluded Services**. The following services are excluded for Medicaid payments: (7-1-11)
 - a. Vocational services; (7-1-11)
 - **b.** Educational services; and (7-1-11)
 - c. Recreational services. (7-1-11)
- **03. Limitations on Developmental Therapy**. Developmental therapy may not exceed the limitations as *specified below*: follows:
 - **a.** Developmental therapy must not exceed twenty-two (22) hours per week. (7-1-13)
- **b.** Developmental therapy provided in combination with Community Supported Employment services under Subsection 703.04 of these rules, must not exceed forty (40) hours per week. (7-1-13)
- e. When a participant receives adult day health as provided in Subsection 703.12 of these rules, the combination of adult day, health and developmental therapy must not exceed thirty (30) hours per week. (7-1-13)
- ## Θ only one (1) type of therapy will be reimbursed during a single time period by the Medicaid program. Developmental therapy will not be reimbursed during periods when the participant is being transported to and from the agency.

 (7-1-13)(3-13-20)T

(BREAK IN CONTINUITY OF SECTIONS)

655. DEVELOPMENTAL THERAPY: PROVIDER QUALIFICATIONS AND DUTIES.

- **01. Developmental Specialist for Adults.** To be qualified as a Developmental Specialist for adults, a person must have a minimum of two hundred forty (240) hours of professionally-supervised experience with individuals who have developmental disabilities and either: (7-1-11)
- **a.** Possess a bachelor's or master's degree in special education, early childhood special education, speech and language pathology, applied behavioral analysis, psychology, physical therapy, occupational therapy, social work, or therapeutic recreation; or (7-1-11)

- **b.** Possess a bachelor's or master's degree in an area not listed above in Subsection 657.05.a. of this rule and have: (7-1-11)
- i. Completed a competency course jointly approved by the Department and the Idaho Association of Developmental Disabilities Agencies that relates to the job requirements of a Developmental Specialist; and (7-1-11)
 - ii. Passed a competency examination approved by the Department. (7-1-11)
- **c.** Any person employed as a Developmental Specialist in Idaho prior to May 30, 1997, unless previously disallowed by the Department, will be allowed to continue providing services as a Developmental Specialist as long as there is not a gap of more than three (3) years of employment as a Developmental Specialist.
- d. Through the duration of the COVID-19 public health emergency, Development Specialists for adults may begin rendering services prior to completing the training requirements provided that they complete the training requirements within thirty (30) days of first rendering services, advise the participant or legal guardian that the individual has not yet completed the applicable trainings, and comply with any other requirements specified by the Department in a COVID-19 information release posted on the Department's website at https://healthandwelfare.idaho.gov/Providers/Providers-Medicaid/InformationReleases/tabid/264/Default.aspx. (3-13-20)T
- **02. Developmental Therapy Paraprofessionals.** Paraprofessionals, such as aides or therapy technicians, may be used by an agency to provide developmental therapy if they are under the supervision of a Developmental Specialist. A developmental therapy paraprofessional must be at least seventeen (17) years of age.

 (7-1-13)
- **O3.** Requirements for Collaboration with Other Providers. When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the outpatient behavioral health service plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. (3-20-14)

(BREAK IN CONTINUITY OF SECTIONS)

658. COVID-19 PUBLIC HEALTH EMERGENCY RESIDENTIAL HABILITATION.

Through the duration of the COVID-19 public health emergency, the Department will pay for residential habilitation services, as described in Subsection 703.01 of these rules, provided by facilities that have entered into a provider agreement with the Department and are certified as developmental disabilities agencies by the Department. Prior to receiving residential habilitation services from a DDA, an individual must be determined by the Department, or its contractor, to have a developmental disability under Sections 500 through 506 of these rules and Section 66-402, Idaho Code, be eighteen (18) years of age or older, and live in the community. DDA's providing residential habilitation services must comply with any additional requirements specified by the Department in a COVID-19 information release posted on the Department's website at https://healthandwelfare.idaho.gov/Providers/Providers-Medicaid/InformationReleases/tabid/264/Default.aspx.

(3-13-20)T

65**.9**. -- 659. (RESERVED)

(BREAK IN CONTINUITY OF SECTIONS)

700. ADULTS WITH DEVELOPMENTAL DISABILITIES WAIVER SERVICES.

Under 42 CFR Section 440.180, it is the intention of the Department to provide waiver services to eligible adult

participants to prevent unnecessary institutional placement, provide for the greatest degree of independence possible, enhance the quality of life, encourage individual choice, and achieve and maintain community integration. For an adult participant to be eligible, the Department must find that the participant requires services due to a developmental disability that impairs their mental or physical function or independence, is capable of being maintained safely and effectively in a non-institutional setting, and would, in the absence of such services, need to reside in an ICF/ID. Through the duration of the COVID-19 public health emergency, the Department reserves the right to temporarily alter requirements and processes related to the Adult DD waiver program to mitigate spread of disease and to ensure the health and safety of our participants under the guidance and authority of the provisions in a CMS approved 1135 waiver or HCBS Attachment K amendment to the existing Adult Developmental Disability waiver. In the event additional changes are required in the future, guidance will be posted on the Medicaid Information Releases webpage.

(BREAK IN CONTINUITY OF SECTIONS)

703. ADULT DD WAIVER SERVICES: COVERAGE AND LIMITATIONS.

- **01. Residential Habilitation**. Residential habilitation services consist of an integrated array of individually tailored services and supports furnished to eligible participants. These services and supports are designed to assist the participants to reside successfully in their own homes, with their families, or in certified family homes. The services and supports that may be furnished consist of the following: (4-4-13)
- **a.** Habilitation services aimed at assisting the individual to acquire, retain, or improve their ability to reside as independently as possible in the community or maintain family unity. Habilitation services include training in one (1) or more of the following areas: (3-19-07)
- i. Self-direction, including the identification of and response to dangerous or threatening situations, making decisions and choices affecting the individual's life, and initiating changes in living arrangements or life activities;

 (3-19-07)
- ii. Money management including training or assistance in handling personal finances, making purchases, and meeting personal financial obligations; (3-19-07)
- iii. Daily living skills including training in accomplishing routine housekeeping tasks, meal preparation, dressing, personal hygiene, self-administration of medications, and other areas of daily living including proper use of adaptive and assistive devices, appliances, home safety, first aid, and emergency procedures; (3-19-07)
- iv. Socialization including training or assistance in participation in general community activities and establishing relationships with peers with an emphasis on connecting the participant to their community. (Socialization training associated with participation in community activities includes assisting the participant to identify activities of interest, working out arrangements to participate in such activities and identifying specific training activities necessary to assist the participant to continue to participate in such activities on an on-going basis. Socialization training does not include participation in non-therapeutic activities that are merely diversional or recreational in nature);
- v. Mobility, including training or assistance aimed at enhancing movement within the person's living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel, or movement within the community;

 (3-19-07)
- vi. Behavior shaping and management includes training and assistance in appropriate expressions of emotions or desires, assertiveness, acquisition of socially appropriate behaviors; or extension of therapeutic services that consist of reinforcing physical, occupational, speech and other therapeutic programs. (3-19-07)
- **b.** Personal Assistance Services necessary to assist the individual in daily living activities, household tasks, and such other routine activities as the participant or the participant's primary caregiver(s) are unable to accomplish on their own behalf. (3-19-07)

- c. Skills training to teach waiver participants, family members, alternative family caregiver(s), or a participant's roommate or neighbor to perform activities with greater independence and to carry out or reinforce habilitation training. Services are focused on training and are not designed to provide substitute task performance. Skills training is provided to encourage and accelerate development in independent daily living skills, self-direction, money management, socialization, mobility and other therapeutic programs. (3-19-07)
- **02. Chore Services.** Chore services include the following services when necessary to maintain the functional use of the home or to provide a clean, sanitary, and safe environment. (4-4-13)

a.	Intermittent Assistance may include the following:	(4-4-13)
i.	Yard maintenance;	(4-4-13)
ii.	Minor home repair;	(4-4-13)
iii.	Heavy housework;	(4-4-13)
iv.	Sidewalk maintenance; and	(4-4-13)
v.	Trash removal to assist the participant to remain in the home.	(4-4-13)
b.	Chore activities may include the following:	(4-4-13)
i.	Washing windows;	(4-4-13)
ii.	Moving heavy furniture;	(4-4-13)
iii.	Shoveling snow to provide safe access inside and outside the home;	(4-4-13)
iv.	Chopping wood when wood is the participant's primary source of heat; and	(4-4-13)

c. These services are only available when neither the participant, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community volunteer, agency, or third-party payer is willing to provide them, or is responsible for their provision. (4-4-13)

Tacking down loose rugs and flooring.

- **d.** In the case of rental property, the landlord's responsibility under the lease agreement will be examined prior to any authorization of service. Chore services are limited to the services provided in a home rented or owned by the participant. (4-4-13)
- **03. Respite Care.** Respite care includes short-term breaks from care giving responsibilities to non-paid caregivers. The caregiver or participant is responsible for selecting, training, and directing the provider. While receiving respite care services, the waiver participant cannot receive other services that are duplicative in nature. Respite care services provided under this waiver do not include room and board payments. Respite care services may be provided in the participant's residence, the private home of the respite provider, the community, a developmental disabilities agency, or an adult day health facility. (4-4-13)
- **O4. Supported Employment**. Supported employment consists of competitive work in integrated work settings for individuals with the most severe disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a severe disability. Because of the nature and severity of their disability, these individuals need intensive supported employment services or extended services in order to perform such work. (4-4-13)
- a. Supported employment services rendered under the waiver are not available under a program funded by either the Rehabilitation Act of 1973, as amended, or the Individuals with Disabilities Education Act

v.

(4-4-13)

- (IDEA). Documentation must be maintained in the file of each individual receiving this service verifying that the service is not otherwise available or funded under the Rehabilitation Act of 1973 as amended, or the IDEA. (4-4-13)
- **b.** Federal Financial Participation (FFP) cannot be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following: incentive payments made to an employer of waiver participants to encourage or subsidize the employers' participation in a supported employment program; payments that are passed through to beneficiaries of supported employment programs; or payments for vocational training that are not directly related to a waiver participant's supported employment program. (4-4-13)
- **05. Non-Medical Transportation**. Non-medical transportation enables a waiver participant to gain access to waiver and other community services and resources. (4-4-13)
- **a.** Non-medical transportation is offered in addition to medical transportation required in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," and will not replace it. (4-4-13)
- **b.** Whenever possible, family, neighbors, friends, or community agencies who can provide this service without charge or public transit providers will be utilized. (4-4-13)
- **06. Environmental Accessibility Adaptations**. Environmental accessibility adaptations include minor housing adaptations that are necessary to enable the participant to function with greater independence in the home, or without which, the participant would require institutionalization or have a risk to health, welfare, or safety. Such adaptations may include:

 (4-4-13)
- a. The installation of ramps and lifts, widening of doorways, modification of bathroom facilities, or installation of electric and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the welfare of the waiver participant, but must exclude those adaptations or improvements to the home that are not of direct medical or remedial benefit to the participant, such as carpeting, roof repair, or central air conditioning.

 (4-4-13)
- **b.** Unless otherwise authorized by the Department, permanent environmental modifications are limited to a home that is the participant's principal residence, and is owned by the participant or the participant's non-paid family. (4-4-13)
- **c.** Portable or non-stationary modifications may be made when such modifications can follow the participant to their next place of residence or be returned to the Department. (4-4-13)

07. Specialized Medical Equipment and Supplies.

(4-4-13) (4-4-13)

- **a.** Specialized medical equipment and supplies include:
- i. Devices, controls, or appliances that enable a participant to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live; and

 (4-4-13)
- ii. Items necessary for life support, ancillary supplies and equipment necessary for the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan.

 (4-4-13)
- **b.** Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the Medicaid State Plan and exclude those items that are not of direct medical or remedial benefit to the participant. (4-4-13)
- **08. Personal Emergency Response System (PERS).** PERS is an electronic device that enables a waiver participant to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. This service is limited to participants who:

 (4-4-13)

- a. Rent or own a home, or live with unpaid caregivers; (4-4-13)
- **b.** Are alone for significant parts of the day; (4-4-13)
- c. Have no caregiver for extended periods of time; and (4-4-13)
- **d.** Would otherwise require extensive, routine supervision. (4-4-13)
- **09. Home Delivered Meals.** Home delivered meals are meals that are delivered to a participant's home to promote adequate participant nutrition. One (1) to two (2) meals per day may be provided to a participant who:

 (4-4-13)
 - a. Rents or owns a home; (4-4-13)
 - **b.** Is alone for significant parts of the day; (4-4-13)
 - c. Has no caregiver for extended periods of time; and (4-4-13)
 - **d.** Is unable to prepare a meal without assistance. (4-4-13)
- 10. Skilled Nursing. Skilled nursing includes intermittent or continuous oversight, training, or skilled care that is within the scope of the Nurse Practice Act. Such care must be provided by a licensed registered nurse, or licensed practical nurse under the supervision of a licensed registered nurse licensed to practice in Idaho. (4-4-13)
- 11. Behavior Consultation/Crisis Management. Behavior Consultation/Crisis Management services that provide direct consultation and clinical evaluation of participants who are currently experiencing or may be expected to experience, a psychological, behavioral, or emotional crisis. This service may provide training and staff development related to the needs of a participant. These services also provide emergency back-up involving the direct support of the participant in crisis.

 (3-19-07)
- 12. Adult Day Health. Adult day health is a supervised, structured service generally furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week. It is provided outside the home of the participant in a non-institutional, community-based setting, and it encompasses health services, social services, recreation, supervision for safety, and assistance with activities of daily living needed to ensure the optimal functioning of the participant. Adult day health services provided under this waiver will not include room and board payments. Adult day health cannot exceed thirty (30) hours per week, either alone or in combination with developmental therapy and occupational therapy.

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- 13. Self-Directed Community Supports. Participants eligible for the DD Waiver may choose to self-direct their individualized budget rather than receive the traditional waiver services described in this section of rule. The requirements for this option are outlined in IDAPA 16.03.13, "Consumer-Directed Services." (3-19-07)
- 14. Place of Service Delivery. Waiver services may be provided in home and community settings as described in Section 312 of these rules. Approved places of services include the participant's personal residence, a certified family home, day habilitation/supported employment program, or community. The following living situations are specifically excluded as a place of service for waiver services: (7-1-16)
 - a. Licensed skilled, or intermediate care facilities, certified nursing facility (NF) or hospital; and (3-19-07)
 - **b.** Licensed Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID); and (3-19-07)
 - c. Residential Assisted Living Facility. (3-19-07)
 - **d.** Additional limitations to specific services are listed under that service definition. (3-19-07)

- 15. Transition Services. Transition Services include goods and services that enable a participant residing in a nursing facility, hospital, IMD, or ICF/ID to transition to a community-based setting. A participant is eligible to receive transition services immediately following discharge from a qualified institution after residing within that institution for a minimum of forty-five (45) Medicaid-reimbursed days. (4-11-19)
 - **a.** Qualified Institutions include the following: (4-11-19)
 - i. Skilled, or Intermediate Care Facilities; (4-11-19)
 - ii. Nursing Facility; (4-11-19)
 - iii. Licensed Intermediate Care Facility for the Persons with Intellectual Disabilities (ICF/ID);
 (4-11-19)
 - iv. Hospitals; and (4-11-19)
 - v. Institutions for Mental Diseases (IMD). (4-11-19)
 - **b.** Transition services may include the following goods and services: (4-11-19)
 - i. Security deposits that are required to obtain a lease on an apartment or home; (4-11-19)
- ii. Cost of essential household furnishings, including furniture, window coverings, food preparation items, and bed/bath linens; and (4-11-19)
- iii. Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; (4-11-19)
- iv. Services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy; (4-11-19)
 - v. Moving expenses; and (4-11-19)
 - vi. Activities to assess need, arrange for and procure transition services. (4-11-19)
- **c.** Excluded goods and services. Transition services do not include ongoing expenses, real property, ongoing utility charges, décor, or diversion/recreational items such as televisions, DVDs, and computers. (4-11-19)
- **d.** Service limitations. Transition services are limited to a total cost of two thousand dollars (\$2,000) per participant and can be accessed every two (2) years, contingent upon a qualifying transition from an institutional setting. Transition services are furnished only to the extent that the person is unable to meet such expense or when the support cannot be obtained from other sources. (4-11-19)

(BREAK IN CONTINUITY OF SECTIONS)

705. ADULT DD WAIVER SERVICES: PROVIDER QUALIFICATIONS AND DUTIES.

All providers of waiver services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (3-19-07)

01. Residential Habilitation -- Supported Living. When residential habilitation services are provided by an agency, the agency must be certified by the Department as a Residential Habilitation Agency under IDAPA 16.04.17, "Residential Habilitation Agencies," and must supervise the direct services provided. Individuals who provide residential habilitation services in the home of the participant (supported living) must be employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements:

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- **a.** Direct service staff must meet the following minimum qualifications: (3-19-07)
- i. Be at least eighteen (18) years of age; (3-19-07)
- ii. Be a high school graduate, or have a GED, or demonstrate the ability to provide services according to a plan of service; (4-4-13)
 - iii. Have current CPR and First Aid certifications; (3-19-07)
 - iv. Be free from communicable disease; (4-4-13)
- v. Each staff person assisting with participant medications has successfully completed the "Assistance with Medications" course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing or other Department-approved training. (4-4-13)
- vi. Residential habilitation service providers who provide direct care or services satisfactorily completed a criminal background check in accordance with Section 009 of these rules and IDAPA 16.05.06, "Criminal History and Background Checks."

 (4.2.08)(3-13-20)T
- vii. Have appropriate certification or licensure if required to perform tasks that require certification or licensure. (3-19-07)
- **b.** All skill training for agency direct service staff must be provided by a Qualified Intellectual Disabilities Professional (QIDP) who has demonstrated experience in writing skill training programs. (3-29-12)
- **c.** Prior to delivering services to a participant, agency direct service staff must complete an orientation program. The orientation program must include the following subjects: (3-29-12)
 - i. Purpose and philosophy of services; (3-19-07)
 - ii. Service rules; (3-19-07)
 - iii. Policies and procedures; (3-19-07)
 - iv. Proper conduct in relating to waiver participants; (3-19-07)
 - v. Handling of confidential and emergency situations that involve the waiver participant; (3-19-07)
 - vi. Participant rights; (3-19-07)
 - vii. Methods of supervising participants; (3-19-07)
 - viii. Working with individuals with developmental disabilities; and (3-19-07)
 - ix. Training specific to the needs of the participant. (3-19-07)
- **d.** Additional training requirements must be completed within six (6) months of employment with the residential habilitation agency and include at a minimum: (3-29-12)
 - i. Instructional techniques: Methodologies for training in a systematic and effective manner; (3-19-07)
 - ii. Managing behaviors: Techniques and strategies for teaching adaptive behaviors; (3-19-07)
 - iii. Feeding; (3-19-07)

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iv.	Communication;	(3-19-07)
V.	Mobility;	(3-19-07)
vi.	Activities of daily living;	(3-19-07)
vii.	Body mechanics and lifting techniques;	(3-19-07)
viii.	Housekeeping techniques; and	(3-19-07)
ix.	Maintenance of a clean, safe, and healthy environment.	(3-19-07)

- **e.** The provider agency will be responsible for providing on-going training specific to the needs of the participant as needed. (3-19-07)
- f. Through the duration of the COVID-19 public health emergency, agency direct service staff may begin rendering services prior to completing the training requirements, provided that they complete the training requirements within thirty (30) days of first rendering services, advise the participant or legal guardian that the individual has not yet completed the applicable trainings, and comply with any other requirements specified by the Department in a COVID-19 information release posted on the Department's website at https://healthandwelfare.idaho.gov/Providers/Providers-Medicaid/InformationReleases/tabid/264/Default.aspx. (3-13-20)T

02. Residential Habilitation -- Certified Family Home (CFH). (3-29-12)

- a. An individual who provides direct residential habilitation services in their own home must be certified by the Department to operate a certified family home under IDAPA 16.03.19, "Certified Family Homes," and must receive residential habilitation program coordination services provided through the Department, or its contractor, for the residential habilitation services they provide. (3-29-12)
- **b.** CFH providers providing residential habilitation services as a DD Waiver provider must meet the following minimum qualifications: (3-29-12)
 - i. Be at least eighteen (18) years of age; (3-29-12)
- ii. Be a high school graduate, have a GED, or demonstrate the ability to provide services according to a plan of service; (3-29-12)
 - iii. Have current CPR and First Aid certifications; (3-29-12)
 - iv. Be free from communicable disease; (4-4-13)
- v. Each CFH provider of residential habilitation services assisting with participant medications has successfully completed the "Assistance with Medications" course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing, or other Department-approved training.

(3-29-12)

- vi. CFH providers of residential habilitation services who provide direct care and services have satisfactorily completed a criminal history check in accordance with Section 009 of these rules and IDAPA 16.05.06, "Criminal History and Background Checks;" and (3 29 12)(3-13-20)T
- vii. Have appropriate certification or licensure if required to perform tasks that require certification or licensure. (3-29-12)
- c. All skill training for CFH providers who are providing residential habilitation services must be provided through the Department or its contractor by qualified intellectual disabilities professional (QIDP) who has demonstrated experience in writing skill training programs. (3-29-12)

d. Prior to delivering residential habilitation services to a participant, the CFH provider must cor	nplete
an orientation training in the following areas as provided by either the Department, or its contractor or both include the following areas: (3-2)	h, and 29-12)

i.	Purpose and philosophy of services;	(3-29-12)
ii.	Service rules;	(3-29-12)
iii.	Policies and procedures;	(3-29-12)
iv.	Proper conduct in relating to waiver participants;	(3-29-12)
v.	Handling of confidential and emergency situation that involve the waiver participant;	(3-29-12)
vi.	Participant rights;	(3-29-12)
vii.	Methods of supervising participants;	(3-29-12)
viii.	Working with individuals with developmental disabilities; and	(3-29-12)
ix.	Training specific to the needs of the participant.	(3-29-12)
e.	Additional training requirements for CFH providers providing residential habilitati	on waiver

e. Additional training requirements for CFH providers providing residential habilitation waiver services must be completed by the CFH provider within six (6) months of certification date and include a minimum of the following: (3-29-12)

ollowing:	(3-29-12	
i.	Instructional Techniques: Methodologies for training in a systematic and effective manner;	

		(3-29-12)

11.	Managing behaviors: tech	iniques and strategies	for teaching adaptive behav	iors; (3-29-12)

- **f.** The Department or its contractor will be responsible for providing on-going training to the CFH provider of residential habilitation specific to the needs of the participant as needed. (3-29-12)
- g. Through the duration of the COVID-19 public health emergency, CFH providers may begin rendering services prior to completing the training requirements, provided that they complete the training requirements within thirty (30) days of first rendering services, advise the participant or legal guardian that the individual has not yet completed the applicable trainings, and comply with any other requirements specified by the Department in a COVID-19 information release posted on the Department's website at https://healthandwelfare.idaho.gov/Providers/Providers-Medicaid/InformationReleases/tabid/264/Default.aspx. (3-13-20)T
 - **O3.** Chore Services. Providers of chore services must meet the following minimum qualifications: (3-19-07)

- **a.** Be skilled in the type of service to be provided; and (3-19-07)
- **b.** Demonstrate the ability to provide services according to a plan of service. (3-19-07)
- c. Chore service providers who provide direct care and services have satisfactorily completed a criminal history and background check in accordance with Section 009 of these rules and IDAPA 16.05.06, "Criminal History and Background Checks."

 (4.2.08)(3-13-20)T
 - **Respite Care**. Providers of respite care services must meet the following minimum qualifications: (4-4-13)
 - a. Have received care giving instructions in the needs of the person who will be provided the service; (3-19-07)
 - **b.** Demonstrate the ability to provide services according to a plan of service; (4-4-13)
 - c. Be free of communicable disease; and (4-4-13)
- d. Respite care service providers who provide direct care and services have satisfactorily completed a criminal history and background check in accordance with Section 009 of these rules and IDAPA 16.05.06, "Criminal History and Background Checks."

 (4-2-08)(3-13-20)T
- **05. Supported Employment**. Supported employment services must be provided by an agency that supervises the direct service and is accredited by the Commission on Accreditation of Rehabilitation Facilities or other comparable standards, or meets State requirements to be a State-approved provider. Supported employment service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with Section 009 of these rules and IDAPA 16.05.06, "Criminal History and Background Checks."
 - **06. Non-Medical Transportation**. Providers of non-medical transportation services must: (4-4-13)
 - a. Possess a valid driver's license; and (3-19-07)
 - **b.** Possess valid vehicle insurance. (3-19-07)
- **07. Environmental Accessibility Adaptations.** All services must be provided in accordance with applicable state or local building codes and meet state or local building, plumbing, and electrical requirements for certification. (4-4-13)
- **O8.** Specialized Medical Equipment and Supplies. Providers of specialized medical equipment and supplies must be enrolled in the Medicaid program as participating medical vendor providers. Providers must ensure all items meet applicable standards of manufacture, design, and installation. Preference will be given to equipment and supplies that are the most cost-effective option to meet the participant's needs. (4-4-13)
- **09. Personal Emergency Response System**. Personal emergency response system providers must demonstrate that the devices installed in a waiver participant's home meet Federal Communications Standards, or Underwriter's Laboratory standards, or equivalent standards. (4-4-13)
- **10. Home Delivered Meals.** Providers of home-delivered meals must be a public agency or private business, and must exercise supervision to ensure that: (4-4-13)
- **a.** Each meal meets one-third (1/3) of the Recommended Daily Allowance, as defined by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; (4-4-13)
- **b.** Meals are delivered in accordance with the service plan, in a sanitary manner, and at the correct temperature for the specific type of food; (4-4-13)

- **c.** A Registered Dietitian documents the review and approval of menus, menu cycles, and any changes or substitutions; and (4-4-13)
- **d.** The agency or business is inspected and licensed as a food establishment under IDAPA 16.02.19, "Idaho Food Code." (4-4-13)
- 11. Skilled Nursing. Skilled nursing service providers must be licensed in Idaho as a licensed registered nurse or licensed practical nurse in good standing, or must be practicing on a federal reservation and be licensed in another state. Skilled nursing providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with Section 009 of these rules and IDAPA 16.05.06, "Criminal History and Background Checks."

 (4-4-13)(3-13-20)T
- **12. Behavior Consultation or Crisis Management**. Behavior Consultation or Crisis Management Providers must meet the following: (3-19-07)
- **a.** Work under the direct supervision of a licensed psychologist or Ph.D. in Special Education, with training and experience in treating severe behavior problems and training and experience in applied behavior analysis; and (4-4-13)
- **b.** Have a Master's Degree in a behavioral science such as social work, psychology, psychosocial rehabilitation counseling, psychiatric nursing, special education or a closely related course of study; or (3-19-07)
 - **c.** Be a licensed pharmacist; or (3-19-07)
 - **d.** Be a Qualified Intellectual Disabilities Professional (QIDP). (3-19-07)
- **e.** Emergency back-up providers must meet the minimum residential habilitation provider qualifications described under IDAPA 16.04.17, "Residential Habilitation Agencies." (3-19-07)
- f. Behavior consultation or crisis management providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with Section 009 of these rules and IDAPA 16.05.06, "Criminal History and Background Checks."

 (4-2-08)(3-13-20)T
 - 13. Adult Day Health. Providers of adult day health must meet the following requirements: (4-4-13)
- a. Services provided in a facility must be provided in a facility that meets the building and health standards identified in IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)": (4-4-13)
- **b.** Services provided in a home must be provided in a home that meets the standards of home certification identified in IDAPA 16.03.19, "Certified Family Homes"; (4-4-13)
- **c.** Adult day health providers who provide direct care or services must satisfactorily complete a criminal history check in accordance with Section 009 of these rules and IDAPA 16.05.06, "Criminal History and Background Checks";

 (4-4-13)(3-13-20)T
- d. Providers of adult day health must notify the Department on behalf of the participant, if the adult day health is provided in a certified family home other than the participant's primary residence. The adult day health provider must provide care and supervision appropriate to the participant's needs as identified on the plan. (4-4-13)
- e. Adult day health providers who provide direct care or services must be free from communicable disease. (4-4-13)
- **14. Service Supervision**. The plan of service that includes all waiver services is monitored by the plan monitor or targeted service coordinator. (3-19-07)
- **15. Transition Services.** Transition managers as described in Section 350.01 of these rules are responsible for administering transition services. (4-11-19)

(BREAK IN CONTINUITY OF SECTIONS)

727. SERVICE COORDINATION: COVERAGE AND LIMITATIONS.

Service coordination consists of services provided to assist individuals in gaining access to needed services. Service coordination includes the following activities described in Subsections 727.01 through 727.10 of this rule. (3-20-14)

- **01. Plan Assessment and Periodic Reassessment**. Activities that are required to determine the participant's needs by development of a plan assessment and periodic reassessment as described in Section 730 of these rules. These activities include: (5-8-09)
 - a. Taking a participant's history; (5-8-09)
 - **b.** Identifying the participant's needs and completing related documentation; and (5-8-09)
- **c.** Gathering information from other sources such as family members, medical providers, social workers, and educators, to form a complete assessment of the participant. (5-8-09)
- **O2. Development of the Plan.** Development and revision of a specific plan, described in Section 731 of these rules that includes information collected through the assessment and specifies goals and actions needed by the participant. The plan must be updated at least annually (or extended through the duration of the declared COVID-19 public health emergency) and as needed to meet the needs of the participant.

 (3-20-14)(3-13-20)T
- **03. Referral and Related Activities.** Activities that help link the participant with service providers that are capable of providing needed services to address identified needs and achieve goals specified in the service coordination plan. (3-20-14)
- **Monitoring and Follow-Up Activities**. Monitoring and follow-up contacts that are necessary to ensure the plan is implemented and adequately addresses the participant's needs. These activities may be with the participant, family members, providers, or other entities or individuals and conducted as frequently as necessary. These activities must include at least one face-to-face contact with the participant at least every ninety (90) days (the face-to-face encounter may occur via synchronous interaction telehealth, as defined in Title 54, Chapter 57, Idaho Code), to determine whether the following conditions are met:

 (5 8 09)(3-13-20)T
 - **a.** Services are being provided according to the participant's plan; (5-8-09)
 - **b.** Services in the plan are adequate; and (5-8-09)
- **c.** Whether there are changes in the needs or status of the participant, and if so, making necessary adjustments in the plan and service arrangements with providers. (5-8-09)
- **05. Crisis Assistance.** Crisis assistance is service coordination used to assist a participant to access community resources in order to resolve a crisis. Crisis service coordination does not include crisis counseling, transportation to emergency service providers, or direct skill-building services. The need for all crisis assistance hours must meet the definition of crisis in Section 721 of these rules. (5-8-09)
- **a.** Crisis Assistance for Children's Service Coordination. Crisis hours are not available until four and a half (4.5) hours of service coordination have already been provided in the month. Crisis hours for children's service coordination must be authorized by the Department. (5-8-09)
- **b.** Crisis Assistance for Adults With a Developmental Disability. Crisis hours are not available until four and a half (4.5) hours of service coordination have already been provided in the month. Crisis assistance for adults with a developmental disability must be authorized by the Department and is based on community crisis supports as found in Section 646 through 648 of these rules. (7-1-16)

c. Authorization for crisis assistance hours may be requested retroactively as a result of a crisis, defined in Section 721 of these rules, when a participant's service coordination benefits have been exhausted and no other means of support is available to the participant. In retroactive authorizations, the service coordinator must submit a request for crisis services to the Department within seventy-two (72) hours of providing the service.

(5-8-09)

06. Contacts for Assistance. Service coordination may include contacts with non-eligible individuals only when the contact is directly related to identifying the needs and supports to help the participant access services. (5-8-09)

- **07. Exclusions.** Service coordination does not include activities that are: (5-8-09)
- a. An integral component of another covered Medicaid service; (5-8-09)
- **b.** Integral to the administration of foster care programs; (5-8-09)
- **c.** Integral to the administration of another non-medical program for which a participant may be eligible. This exclusion does not apply to case management provided as part of the individualized education program or individualized family service plan required by the Individuals with Disabilities Education Act. (5-8-09)
- **08. Limitations on the Provision of Direct Services.** Providers of service coordination services may only provide both service coordination and direct services to the same Medicaid participant when the participant is receiving children's service coordination. The service coordination provider must document that the participant has made a free choice of service coordinators and direct service providers.

 (3-20-14)
- **09. Limitations on Service Coordination**. Service coordination is limited to four and a half (4.5) hours per month. (3-20-14)
- **10. Limitations on Service Coordination Plan Assessment and Plan Development**. Reimbursement for the annual assessment and plan development cannot exceed six (6) hours per year. (3-20-14)

728. SERVICE COORDINATION: PROCEDURAL REQUIREMENTS.

01. Prior Authorization for Service Coordination Services. Services must be prior authorized by the Department according to the direction provided in the Medicaid Provider Handbook available at www.idmedicaid.com. (3-20-14)

02. Service Coordination Plan Development.

(5-8-09)

- **a.** A written plan, described in Section 731 of these rules, must be developed and implemented within sixty (60) days after the participant chooses a service coordinator. (3-20-14)
- **b.** The plan must be updated at least annually (or extended through the duration of the declared COVID-19 public health emergency) and amended as necessary.

 (5 8 09)(3-13-20)T
- **c.** The plan must address the service coordination needs of the participant as identified in the assessment described in Section 730 of these rules. (5-8-09)
 - **d.** The plan must be developed prior to ongoing service coordination being provided. (5-8-09)
- **03. Documentation of Service Coordination.** Agencies must maintain records that contain documentation describing the services provided, review of the continued need for service coordination, and progress toward each service coordination goal. Documentation must be completed as required in Section 56-209(h), Idaho Code. All active records must be immediately available. Documentation must include all of the following: (3-19-07)
 - **a.** The name of the eligible participant.

(5-8-09)

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- **b.** The name of the provider agency and the person providing the services. (5-8-09)
- **c.** The date, time, duration, and place the service was provided. (5-8-09)
- **d.** The nature, content, units of the service coordination received and whether goals specified in the plan have been achieved. (5-8-09)
 - e. Whether the participant declined any services in the plan. (5-8-09)
 - **f.** The need for and occurrences of coordination with any non-Medicaid case managers. (5-8-09)
 - g. The timeline for obtaining needed services. (5-8-09)
 - **h.** The timeline for re-evaluation of the plan. (5-8-09)
- i. A copy of the assessment or prior authorization from the Department that documents eligibility for service coordination services, and a dated and signed plan. (5-8-09)
- **j.** Agency records must contain documentation describing details of the service provided signed by the person who delivered the service. (5-8-09)
- **k.** Documented review of participant's continued need for service coordination and progress toward each service coordination goal. A review must be completed at least every one hundred eighty (180) days after the plan development or update. Progress reviews must include the date of the review, and the signature of the service coordinator completing the review. (5-8-09)
 - **l.** Documentation of the participant's, family's, or legal guardian's satisfaction with service. (5-8-09)
- **m.** A copy of the informed consent form signed by the participant, parent, or legal guardian that documents that the participant has been informed of the purposes of service coordination, their rights to refuse service coordination, and their right to choose their service coordinator and other service providers. (5-8-09)
- n. A plan that is signed by the participant, parent, or legal guardian, and the service coordinator. The plan must reflect person-centered planning principles and document the participant's inclusion in the development of the plan. The service coordinator must also document that a copy of the plan was given to the participant or their legal representative. The plan must be updated and authorized when required, but at least annually. Children's service coordination plans cannot be effective before the date that the child's parent or legal guardian has signed the plan.

 (3-20-14)
- **O4. Documentation Completed by a Paraprofessional**. Each entry completed by a paraprofessional must be reviewed by the participant's service coordinator and include the date of review and the service coordinator's signature on the documentation. (5-8-09)
- **05. Participant Freedom of Choice.** A participant must have freedom of choice when selecting from the service coordinators available to them. The service coordinator cannot restrict the participant's choice of other health care providers. (5-8-09)
- **96.** Service Coordinator Contact and Availability. The frequency of contact, mode of contact, and person or entity to be contacted must be identified in the plan and must meet the needs of the participant. The contacts must verify the participant's well being and whether services are being provided according to the written plan. At least every ninety (90) days, service coordinators must have face-to-face contact with each participant. The face-to-face encounter may occur via synchronous interaction telehealth, as defined in Title 54, Chapter 57, Idaho Code.

 (3 20 14)(3-13-20)T
- **a.** When it is necessary for the children's service coordinator to conduct a face-to-face contact with a child participant without the parent or legal guardian present, the service coordinator must notify the parent or legal guardian prior to the face-to-face contact with the participant. Notification must be documented in the participant's

file. (5-8-09)

- **b.** Service coordinators do not have to be available on a twenty-four (24) hour basis, but must include an individualized objective on the plan describing what the participant, families, and providers should do in an emergency situation. The individualized objective must include how the service coordinator will coordinate needed services after an emergency situation. (5-8-09)
- **07. Service Coordinator Responsibility Related to Conflict of Interest.** Service coordinators have a primary responsibility to the participant whom they serve, to respect and promote the right of the participant to self-determination, and preserve the participant's freedom to choose services and providers. In order to assure that participant rights are being addressed, service coordinators must:

 (5-8-09)
- **a.** Be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. (5-8-09)
- **b.** Inform the participant parent, or legal guardian when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the participant's interests primary and protects the participant's interests to the greatest extent possible. (5-8-09)
- **08.** Agency Responsibility Related to Conflict of Interest. To assure that participants are protected from restrictions to their self-determination rights because of conflict of interest, the agency must guard against conflict of interest, and inform all participants and guardians of the risk. Each agency must have a document in each participant's file that contains the following information:

 (5-8-09)
 - **a.** The definition of conflict of interest as defined in Section 721 of these rules; (5-8-09)
- **b.** A signed statement by the agency representative verifying that the concept of conflict of interest was reviewed and explained to the participant parent, or legal guardian; and (5-8-09)
 - **c.** The participant's, parent's, or legal guardian's signature on the document. (5-8-09)

729. SERVICE COORDINATION: PROVIDER QUALIFICATIONS.

Service coordination services must be provided by an agency as defined in Section 721 of these rules. (5-8-09)

- **01. Provider Agreements**. Service coordinators must be employees or contractors of an agency that has a valid provider agreement with the Department. (3-19-07)
- **02. Supervision**. The agency must provide supervision to all service coordinators and paraprofessionals. The agency must clearly document: (5-8-09)
- **a.** Each supervisor's ability to address concerns about the services provided by employees and contractors under their supervision, and (5-8-09)
 - **b.** That a paraprofessional is not a supervisor. (5-8-09)
 - **03.** Agency Supervisor Required Education and Experience. (5-8-09)
- **a.** Master's Degree in a a human services field from a nationally accredited university or college, and have twelve (12) months supervised work experience with the population being served; or (5-8-09)
- **b.** Bachelor's degree in a human services field from a nationally accredited university or college, and have twenty-four (24) months supervised work experience with the population being served. (5-8-09)
- **c.** Be a licensed registered nurse (RN) and have twenty-four (24) months supervised work experience with the population being served. (5-8-09)
 - **04.** Service Coordinator Education and Experience. (5-8-09)

- **a.** Minimum of a Bachelor's degree in human services field from a nationally accredited university or college and have twelve (12) months supervised work experience with the population being served; or (5-8-09)
- **b.** Be a licensed registered nurse (RN) and have twelve (12) months work experience with the population being served. (5-8-09)
- **c.** When an individual meets the education or licensing requirements in Subsections 729.04.a. or 729.04.b. of this rule, but does not have the required supervised work experience, the individual must be supervised by a qualified service coordinator while gaining the required work experience. (5-8-09)
- **05. Paraprofessional Education and Experience.** Under the supervision of a qualified service coordinator, a paraprofessional may be used to assist in the implementation of the plan. Paraprofessionals must have the following qualifications: (5-8-09)
- a. Be at least eighteen (18) years of age and have a minimum of a high school diploma or equivalency; (5-8-09)
- **b.** Be able to read and write at an appropriate level to process the required paperwork and forms involved in the provision of the service; and (5-8-09)
 - **c.** Have twelve (12) months supervised work experience with the population being served. (5-8-09)
- **06. Limitations on Services Delivered by Paraprofessionals.** Paraprofessionals must not conduct assessments, evaluations, person-centered planning meetings, ninety (90) day face-to-face contacts described in Section 728.06 of these rules, one hundred eighty (180) day progress reviews, plan development, or plan changes. Paraprofessionals cannot be identified as the service coordinator on the plan and they cannot supervise service coordinators or other paraprofessionals. (3-20-14)
- **O7. Criminal History Check Requirements.** Service coordination agencies must verify that each service coordinator and paraprofessional they employ or with whom they contract has complied with Section 009 of these rules and IDAPA 16.05.06, "Criminal History and Background Checks."

 (5 8 09)(3-13-20)T
- **08. Health, Safety and Fraud Reporting**. Service coordinators are required to report any concerns about health and safety to the appropriate governing agency and to the Department. Service coordinators must also report fraud, including billing of services that were not provided, to the Department unit responsible for authorizing the service; and to the Surveillance and Utilization Review Unit (SUR) within the Department or its toll-free Medicaid fraud hotline. (3-19-07)
- **09. Individual Service Coordinator Case Loads**. The total caseload of a service coordinator must assure quality service delivery and participant satisfaction. (5-8-09)

IDAPA 16 – DEPARTMENT OF HEALTH AND WELFARE

16.03.13 – CONSUMER-DIRECTED SERVICES DOCKET NO. 16-0313-2001

NOTICE OF RULEMAKING - ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is March 13, 2020.

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

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

This temporary rulemaking is being done in anticipation on increased demands for Medicaid services due to the COVID-19 pandemic. These rule changes will allow Medicaid flexibility to ensure eligible participants receive necessary services throughout the emergency.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section 67-5226(1)(a), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the purpose of protecting public health, safety, or welfare.

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

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Michael Case at (208) 364-1878.

Dated this 26th day of March, 2020.

Tamara Prisock DHW – Administrative Rules Unit 450 W. State Street – 10th Floor P.O. Box 83720 Boise, ID 83720-0036 Phone: (208) 334-5564

Fax: (208) 334-6558

E-mail: dhwrules@dhw.idaho.gov

THE FOLLOWING IS THE TEMPORARY RULE FOR DOCKET NO. 16-0313-2001 (Only Those Sections With Amendments Are Shown.)

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

- that each support broker and community support worker, whose criminal history check has not been waived by the participant, has complied with IDAPA 16.05.06, "Criminal History and Background Checks." When a participant chooses to waive the criminal history check requirement for a community support worker, the waiver must be completed in accordance with Section 150 of these rules. Except, through the duration of the declared COVID-19 public health emergency, if each support broker and community support worker, whose criminal history check has not been waived by the participant is unable to complete a criminal background check in accordance with the timeframes set forth in IDAPA 16.05.06, then provider may allow newly hired direct care staff to begin rendering services prior to completion of the criminal background check in accordance with the requirements specified by the Department in a COVID-19 information release posted on the Department's website at https://healthandwelfare.idaho.gov/Providers/Providers-Medicaid/InformationReleases/tabid/264/Default.aspx.
- **02. Availability to Work or Provide Service**. Participants, at their discretion, may review the completed application and allow the community support worker to provide services on a provisional basis if no disqualifying offenses listed in IDAPA 16.05.06, "Criminal History and Background Checks," are disclosed.

 (3-30-07)
- **03.** Additional Criminal Convictions. Once criminal history clearances have been received, any additional criminal convictions must be immediately reported by the worker to the participant and by the participant to the Department. (3-30-07)
- **04. Notice of Pending Investigations or Charges.** Once criminal history clearances have been received, any charges or investigations for abuse, neglect or exploitation of any vulnerable adult or child, criminal charges, or substantiated adult protection or child protection complaints, must be immediately reported by the worker to the participant and by the participant to the Department. (3-30-07)
- **05. Providers Subject to Criminal History Check Requirements.** A community support worker, who has not had the requirement waived by the participant, and a support broker as defined in Section 010 of these rules. (3-30-07)

(BREAK IN CONTINUITY OF SECTIONS)

135. SUPPORT BROKER REQUIREMENTS AND LIMITATIONS.

- **01. Initial Application to Become a Support Broker**. Individuals interested in becoming a support broker must complete the Department-approved application to document that they: (3-30-07)
 - **a.** Is eighteen (18) years of age or older; (3-30-07)
- **b.** Has skills and knowledge typically gained by completing college courses or community classes or workshops that count toward a degree in the human services field; and (3-30-07)
- **c.** Has at least two (2) years verifiable experience with the target population and knowledge of services and resources in the developmental disabilities field. (3-30-07)
- **O2.** Application Exam. Applicants that meet the minimum requirements outlined in this section will receive training materials and resources to prepare for the application exam. Under Family-Directed Community Supports (FDCS), children's support brokers must attend the initial training. Applicants must earn a score of seventy percent (70%) or higher to pass. Applicants may take the exam up to three (3) times. After the third time, the applicant will not be allowed to retest for twelve (12) months from the date of the last exam. Applicants who pass the exam, and meet all other requirements outlined in these rules, will be eligible to enter into a provider agreement with

the Department. Through the duration of the COVID-19 public health emergency, support brokers may begin rendering services prior to completing the training requirements, provided that they complete the training requirements within thirty (30) days of first rendering services, advise the participant or legal guardian that the individual has not yet completed the applicable trainings, and comply with any other requirements specified by the Department in a COVID-19 information release posted on the Department's website at https://healthandwelfare.idaho.gov/Providers/Providers-Medicaid/InformationReleases/tabid/264/Default.aspx.

(7-1-11)(3-13-20)T

- **03. Required Ongoing Training.** All support brokers must document a minimum of twelve (12) hours per year of ongoing, relevant training in the provision of support broker services. Up to six (6) hours of the required twelve (12) hours may be obtained through independent self-study. The remaining hours must consist of classroom training.

 (3-30-07)
 - **104. Termination**. The Department may terminate the provider agreement when the support broker: (3-30-07)
- a. Is no longer able to pass a criminal history background check as outlined in Section 009 of these rules. (3-30-07)
- **b.** Puts the health or safety of the participant at risk by failing to perform job duties as outlined in the employment agreement. (3-30-07)
 - **c.** Does not receive and document the required ongoing training. (3-30-07)
 - **05. Limitations.** The support broker must not: (3-30-07)
- **a.** Provide or be employed by an agency that provides paid community supports under Section 150 of these rules to the same participant; and (3-30-07)
- **b.** For Self-Directed Community Supports (SDCS), be the guardian, parent, spouse, payee, or conservator of the participant, or have direct control over the participant's choices. Additionally, the support broker must not be in a position to both influence a participant's decision making and receive undue financial benefit from the participant's decisions. (7-1-11)

136. SUPPORT BROKER DUTIES AND RESPONSIBILITIES.

- **01. Support Broker Initial Documentation**. Prior to beginning employment for the participant, the support broker must complete the packet of information provided by the fiscal employer agent and submit it to the fiscal employer agent. This packet must include documentation of: (3-30-07)
 - a. Support broker application approval by the Department; (3-30-07)
- **b.** A completed criminal history check, including clearance in accordance with Section 009 of these rules and IDAPA 16.05.06, "Criminal History and Background Checks"; and (3 30 -07)(3-13-20)T
- c. A completed employment agreement with the participant that identifies the specific tasks and services that are required of the support broker. The employment agreement must include the negotiated hourly rate for the support broker, and the type, frequency, and duration of services. The negotiated rate must not exceed the maximum hourly rate for support broker services established by the Department. (3-30-07)
- **02. Required Support Broker Duties**. Support broker services may include only a few required tasks or may be provided as a comprehensive service package depending on the participant's needs and preferences. At a minimum, the support broker must: (3-30-07)
- a. Assist in facilitating the person-centered planning process as directed by the participant and consistent with the rules in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 313, 316, and 317;

(7-1-16)

- b. Develop a written support and spending plan with the participant that includes the paid and unpaid supports that the participant needs and wants, related risks identified with the participant's wants and preferences, and a comprehensive risk plan for each potential risk that includes at least three (3) backup plans should a support fail. This plan must be authorized by the Department; (3-29-12)
 - **c.** Assist the participant to monitor and review their budget; (3-30-07)
- **d.** Submit documentation regarding the participant's satisfaction with identified supports as requested by the Department; (3-30-07)
 - e. Participate with Department quality assurance measures, as requested; (3-30-07)
- **f.** Assist the participant to complete the annual re-determination process as needed, including updating (or extending through the duration of the declared COVID-19 public health emergency) the support and spending plan and submitting it to the Department for authorization;

 (3-30-07)(3-13-20)T
- g. Assist the participant, as needed, to meet the participant responsibilities outlined in Section 120 of these rules and assist the participant, as needed, to protect their own health and safety; (7-1-11)
- h. Complete the Department-approved criminal history check waiver form when a participant chooses to waive the criminal history check requirement for a community support worker. Completion of this form requires that the support broker provide education and counseling to the participant and their circle of support regarding the risks of waiving a criminal history check and assist with detailing the rationale for waiving the criminal history check and how health and safety will be protected; and

 (7-1-11)
- i. Assist children enrolled in the Family-Directed Community Supports (FDCS) Option as they transition to adult DD services. (7-1-11)
- **j.** Sign the written support and spending plan as required in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 317. (7-1-16)
- **O3.** Additional Support Broker Duties. In addition to the required support broker duties, each support broker must be able to provide the following services when requested by the participant: (3-30-07)
 - a. Assist the participant to develop and maintain a circle of support; (3-30-07)
- **b.** Help the participant learn and implement the skills needed to recruit, hire, and monitor community supports; (3-30-07)
 - **c.** Assist the participant to negotiate rates for paid community support workers; (3-30-07)
- **d.** Maintain documentation of supports provided by each community support worker and participant's satisfaction with these supports; (3-30-07)
 - e. Assist the participant to monitor community supports; (3-30-07)
 - **f.** Assist the participant to resolve employment-related problems; (7-1-16)
 - **g.** Assist the participant to identify and develop community resources to meet specific needs; and (7-1-16)
- **h.** Assist the participant in distributing the support and spending plan to community support workers or vendors as described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 317. (7-1-16)
- **04.** Termination of Support Broker Services. If a support broker decides to end services with a participant, they must give the participant at least thirty (30) days' written notice prior to terminating services. The

support broker must assist the participant to identify a new support broker and provide the participant and new support broker with a written service transition plan by the date of termination. The transition plan must include an updated support and spending plan that reflects current supports being received, details about the existing community support workers, and unmet needs.

(3-30-07)

(BREAK IN CONTINUITY OF SECTIONS)

150. PAID COMMUNITY SUPPORT WORKER DUTIES AND RESPONSIBILITIES.

- **01. Initial Documentation.** Prior to providing goods or services to the participant, the community support worker must complete the packet of information provided by the fiscal employer agent and submit it to the fiscal employer agent. When the community support worker will be providing services, this packet must include documentation of:

 (3-30-07)
- a. A completed criminal history check, including clearance in accordance with Section 009 of these rules and IDAPA 16.05.06, "Criminal History and Background Checks," or documentation that this requirement has been waived by the participant. This documentation must be provided on a Department-approved form and include the rationale for waiving the criminal history check and describe how health and safety will be ensured in lieu of a completed criminal history check. Individuals listed on a state or federal provider exclusion list must not provide paid supports;

 (3-30-07)(3-13-20)T
- **b.** A completed employment agreement with the participant that specifically defines the type of support being purchased, the negotiated rate, and the frequency and duration of the support to be provided. If the community support worker is provided through an agency, the employment agreement must include the specific individual who will provide the support and the agency's responsibility for tax-related obligations; (3-30-07)
 - **c.** Current state licensure or certification if identified support requires certification or licensure; and (3-30-07)
 - **d.** A statement of qualifications to provide supports identified in the employment agreement. (3-30-07)
- **O2. Employment Agreement**. The community support worker must deliver supports as defined in the employment agreement. (3-30-07)
- **O3. Documentation of Supports.** The community support worker must track and document the time required to perform the identified supports and accurately report the time on the time sheets provided by the participant's fiscal employer agent or complete an invoice that reflects the type of support provided, the date the support was provided, and the negotiated rate for the support provided, for submission to the participant's fiscal employer agent.

 (3-30-07)
- **04. Time Sheets and Invoices**. The community support worker must obtain the signature of the participant or their legal representative on each completed timesheet or invoice prior to submitting the document to the fiscal employer agent for payment. Time sheets or invoices that are not signed by the community support worker and the participant or their legal representative will not be paid. (3-29-10)

(BREAK IN CONTINUITY OF SECTIONS)

190. INDIVIDUALIZED BUDGET.

The Department sets an individualized budget for each participant according to an individualized measurement of the participant's functional abilities, behavioral limitations, medical needs, and other individual factors related to the participant's assessed needs. Using these specific participant factors, the budget-setting methodology will correlate a participant's characteristics with the participant's individualized budget amount, so participants with higher needs will

be assigned a higher individualized budget amount. The participant must work within the identified budget and acknowledge that they understand the budget figure is a fixed amount. (3-29-10)

- **801. Budget Amount Notification.** The Department notifies each participant of their set budget amount as part of the eligibility determination or annual redetermination process. The notification will include how the participant may appeal the set budget amount. (3-29-12)
- **O2.** Annual Re-Evaluation of Adult Individualized Budgets. Individualized budgets will be reevaluated annually. At the request of the participant, the Department will also re-evaluate the set budget amount when there are documented changes in the participant's condition that results in a need for services that meet medical necessity criteria, and that is not reflected on the current inventory of individual needs.

 (3 29 12)(3-13-20)T
- **93.** Annual Re-Evaluation of Children's Individualized Budgets. Individualized budgets will be reevaluated annually. At the request of the participant, the Department will also re-evaluate the set budget amount when there are documented changes that may support placement in a different budget category as identified in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 527. (3-29-12)(3-13-20)T

(BREAK IN CONTINUITY OF SECTIONS)

301. FISCAL EMPLOYER AGENT DUTIES AND RESPONSIBILITIES: CONSUMER-DIRECTED COMMUNITY SUPPORTS.

- **01. Federal Tax ID Requirement.** The fiscal employer agent must obtain a separate Federal Employer Identification Number (FEIN) specifically to file tax forms and to make tax payments on behalf of program participants under Section 3504 of the Internal Revenue Code (26 USC 3504). In addition, the provider must:
 - (3-29-10)
- **a.** Maintain copies of the participant's FEIN, IRS FEIN notification letter, and Form SS-4 Request for FEIN in the participant's file. (3-29-10)
- **b.** Retire participant's FEIN when the participant is no longer an employer under consumer-directed community supports (CDCS). (7-1-11)
- **02.** Requirement to Report Irregular Activities or Practices. The provider must report to the Department any facts regarding irregular activities or practices that may conflict with federal or state rules and regulations; (3-29-10)
- 03. Procedures Restricting FMS to Adult and Children's DD Waiver and Children's HCBS State Plan Option Participants. The provider must not act as a fiscal employer agent and provide fiscal management services to a DD waiver or Children's HCBS State Plan Option participant for whom it also provides any other services funded by the Department. (7-1-11)
- **04. Policies and Procedures**. The provider must maintain a current manual containing comprehensive policies and procedures. The provider must submit the manual and any updates to the Department for approval. (3-29-10)
- **05. Key Contact Person**. The provider must provide a key contact person and at least (2) two other people for backup who are responsible for answering calls and responding to e-mails from Department staff and ensure these individuals respond to the Department within one (1) business day. (3-29-10)
- **96.** Face-to-Face Transitional Participant Enrollment. The provider must conduct face-to-face transitional participant enrollment sessions in group settings or with individual participants in their homes or other designated locations. The provider must work with the regional Department staff to coordinate and conduct enrollment sessions. The face-to-face encounter may occur via synchronous interaction telehealth, as defined in Title 54, Chapter 57, Idaho Code.

 (3-29-10)(3-13-20)T

- **O7. SFTP Site**. The provider must provide an SFTP site for the Department to access. The site must have the capability of allowing participants and their employees to access individual specific information such as time cards and account statements. The site must be user name and password protected. The provider must have the site accessible to the Department upon commencement of the readiness review. (3-29-10)
- **08.** Required IRS Forms. The provider must prepare, submit, and revoke the following IRS forms in accordance with IRS requirements and must maintain relevant documentation in each participant's file including:

(3-29-10)

- **b.** IRS Approval Letter; (3-29-10)
- c. IRS Form 2678 revocation process; (3-29-10)
- **d.** Initial IRS Form 2848; and (3-29-10)
- e. Renewal IRS Form 2848. (3-29-10)
- **09. Requirement to Obtain Power of Attorney**. The provider must obtain an Idaho State Tax Commission Power of Attorney (Form TC00110) from each participant it represents and maintain the relevant documentation in each participant's file. (3-29-10)
- 10. Requirement to Revoke Power of Attorney. The provider must revoke the Idaho State Tax Commission Power of Attorney (Form TC00110) when the provider no longer represents the participant and maintain the relevant documentation in the participant's file. (3-29-10)
- 11. Home and Community Based Person-Centered Service Plan Requirements. The provider must sign the written support and spending plan as required in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 317.

24.02.01 – RULES OF THE STATE ATHLETIC COMMISSION

DOCKET NO. 24-0201-2001

NOTICE OF INTENT TO PROMULGATE RULES - NEGOTIATED RULEMAKING

AUTHORITY: In compliance with Sections 67-5220(1) and 67-5220(2), Idaho Code, notice is hereby given that this agency intends to promulgate rules and desires public comment prior to initiating formal rulemaking procedures. This negotiated rulemaking action is authorized pursuant to Section 54-406, Idaho Code.

MEETING SCHEDULE: A public meeting on the negotiated rulemaking will be held as follows:

PUBLIC MEETING

Friday, June 19, 2020 at 3:00 p.m. (MDT)

Idaho Division of
Occupational & Professional Licensing
700 W. State Street
First Floor
Boise, Idaho 83702

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

METHOD OF PARTICIPATION: Persons wishing to participate in the negotiated rulemaking must do the following:

The Board will receive written and public comments at the meeting. Written comments received by June 15 will be included in the Board's documents for review at the meeting. Comments may be sent to Rob McQuade, Legal Counsel for the Division of Occupational and Professional Licenses, at <a href="attemptotation-legal-received-by-legal-r

Upon conclusion of the negotiated rulemaking, any unresolved issues, all key issues considered, and conclusion reached during the negotiated rulemaking will be addressed in a written summary. The summary will be made available to interested persons who contact the agency or, if the agency chooses, the summary may be posted on the agency website.

DESCRIPTIVE SUMMARY AND STATEMENT OF PURPOSE: The following is a statement in nontechnical language of the substance and purpose of the intended negotiated rulemaking and the principal issues involved:

This rulemaking will review IDAPA 24.02.01 to comply with the requirements of the Licensing Freedom Act of 2019, Executive Order No. 2019-02, and the Board's continued efforts to clarify and streamline its rules. The proposed rule changes will refine and simplify existing language, as well as reduce or eliminate unnecessary restrictions.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS, OBTAINING DRAFT COPIES: For assistance on technical questions concerning this negotiated rulemaking or to obtain a preliminary draft copy of the rule text contact Rob McQuade at (208) 334-3233. Materials pertaining to the negotiated rulemaking, including any available preliminary rule drafts, can be found at the Division of Occupational and Professional Licensing web site at the following web address: www.ibol.idaho.gov, by clicking on the "Athletic Commission" tab, and the "proposed laws and rules" tab.

Anyone may submit written comments regarding this negotiated rulemaking. All written comments must be directed to the undersigned and must be delivered on or before the meeting date.

Dated this 6th day of March, 2020.

DIV. OF OCCUPATIONAL & PROFESSIONAL LICENSES Rules of the State Athletic Commission

Docket No. 24-0201-2001 Negotiated Rulemaking

Kelley Packer Division Administrator Division of Occupational and Professional Licenses 700 W. State Street P.O. Box 83720 Boise, ID 83720 Phone: (208) 334-3233 Fax: (208) 334-3945

24.08.01 – RULES OF THE STATE BOARD OF MORTICIANS

DOCKET NO. 24-0801-2001

NOTICE OF INTENT TO PROMULGATE RULES - NEGOTIATED RULEMAKING

AUTHORITY: In compliance with Sections 67-5220(1) and 67-5220(2), Idaho Code, notice is hereby given that this agency intends to promulgate rules and desires public comment prior to initiating formal rulemaking procedures. This negotiated rulemaking action is authorized pursuant to Sections 54-1106 and 54-1107, Idaho Code.

MEETING SCHEDULE: A public meeting on the negotiated rulemaking will be held as follows:

PUBLIC MEETING

Tuesday, July 7, 2020 at 9:00 a.m. (MDT)

Idaho Division of
Occupational & Professional Licensing
700 W. State Street
First Floor
Boise, Idaho 83702

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

METHOD OF PARTICIPATION: Persons wishing to participate in the negotiated rulemaking must do the following:

The Board will receive written and public comments at the meeting. Written Comments received by July 2 will be included in the Board's documents for review at the meeting. Comments may be sent to Rob McQuade, Legal Counsel for the Division of Occupational and Professional Licenses, at mor@ibol.idaho.gov.

Upon conclusion of the negotiated rulemaking, any unresolved issues, all key issues considered, and conclusion reached during the negotiated rulemaking will be addressed in a written summary. The summary will be made available to interested persons who contact the agency or, if the agency chooses, the summary may be posted on the agency website.

DESCRIPTIVE SUMMARY AND STATEMENT OF PURPOSE: The following is a statement in nontechnical language of the substance and purpose of the intended negotiated rulemaking and the principal issues involved:

This rulemaking will review IDAPA 24.08.01 to comply with the requirements of the Licensing Freedom Act of 2019, Executive Order No. 2019-02, and the Board's continued efforts to clarify and streamline its rules. The proposed rule charges will refine and simplify existing language, as well as reduce or eliminate unnecessary restrictions.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS, OBTAINING DRAFT COPIES: For assistance on technical questions concerning this negotiated rulemaking or to obtain a preliminary draft copy of the rule text (if available), contact Rob McQuade at (208) 334-3233. Materials pertaining to the negotiated rulemaking, including any available preliminary rule drafts, can be found at the Division of Occupational and Professional Licensing web site at the following web address: www.ibol.idaho.gov, by clicking on the "Morticians" tab, and the "proposed laws and rules" tab.

Anyone may submit written comments regarding this negotiated rulemaking. All written comments must be directed to the undersigned at www.ibol.idaho.gov and must be delivered on or before the meeting date.

Dated this 6th day of March, 2020.

DIV. OF OCCUPATIONAL & PROFESSIONAL LICENSES Rules of the State Board of Morticians

Docket No. 24-0801-2001 Negotiated Rulemaking

Kelley Packer Division Administrator Division of Occupational and Professional Licenses 700 W. State Street P.O. Box 83720 Boise, ID 83720 Phone: (208) 334-3233 Fax: (208) 334-3945

24.12.01 – RULES OF THE IDAHO STATE BOARD OF PSYCHOLOGIST EXAMINERS DOCKET NO. 24-1201-2001

NOTICE OF INTENT TO PROMULGATE RULES - NEGOTIATED RULEMAKING

AUTHORITY: In compliance with Sections 67-5220(1) and 67-5220(2), Idaho Code, notice is hereby given that this agency intends to promulgate rules and desires public comment prior to initiating formal rulemaking procedures. This negotiated rulemaking action is authorized pursuant to Section 54-2305(2), Idaho Code.

MEETING SCHEDULE: A public meeting on the negotiated rulemaking will be held as follows:

PUBLIC MEETING

Thursday, April 30, 2020 at 6:00 p.m. (MDT)

Idaho Division of
Occupational & Professional Licensing
700 W. State Street
First Floor
Boise, Idaho 83702

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

METHOD OF PARTICIPATION: Persons wishing to participate in the negotiated rulemaking must do the following:

- 1. Attend the negotiated rulemaking meeting as scheduled above in person;
- 2. Attend the negotiated rulemaking session telephonically by calling 1-877-820-7831 and using code 625809;
- 3. Provide oral or written recommendations, or both, at the negotiated rulemaking meetings; or
- 4. Submit written recommendations and comments to this address on or before 5:00 p.m. on April 27, 2020:

Send to: Idaho Board of Psychologist Examiners Attn: Rob McQuade P.O. Box 83720 Boise, ID 83720-0063

Hand deliver to: Idaho Board of Psychologist Examiners c/o Idaho Division of Occupational and Professional Licenses Attn: Rob McQuade 700 W. State Street Boise, ID 83702

Written Comments received by 5:00 p.m. on April 27, 2020 will be included in the Board's documents for review at the meeting. The Board will receive written and public comments at the meeting. Documents may be sent to psy@ibol.idaho.gov.

Upon conclusion of the negotiated rulemaking, any unresolved issues, all key issues considered, and conclusion reached during the negotiated rulemaking will be addressed in a written summary. The summary will be made available to interested persons who contact the agency or, if the agency chooses, the summary may be posted on the agency website.

DESCRIPTIVE SUMMARY AND STATEMENT OF PURPOSE: The following is a statement in nontechnical language of the substance and purpose of the intended negotiated rulemaking and the principal issues involved:

The Idaho Board of Psychologist Examiners ("Board") has opened IDAPA 24.12.01.500.08 to negotiated rulemaking. The principle issue is how or if the Board will accept on-line education as a component of the educational requirement for licensure. The purpose of the negotiated rulemaking is to solicit input from stakeholders

and the general public regarding this principle issue and to address a Petition for Rulemaking filed pursuant to Idaho Code § 57-5230.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS, OBTAINING DRAFT COPIES: For assistance on technical questions concerning this negotiated rulemaking contact Rob McQuade at (208) 577-2616. Materials pertaining to the negotiated rulemaking, including any available preliminary rule drafts, can be found on the board web site at the following web address: https://ibol.idaho.gov/IBOL/BoardAdditional.aspx?Bureau=PSY&BureauLinkID=25.

Anyone may submit written comments regarding this negotiated rulemaking. All written comments must be directed to the undersigned and must be delivered on or before 5:00 p.m. on April 27, 2020.

Dated this 6th day of March, 2020.

Kelley Packer Division Administrator Division of Occupational and Professional Licenses 700 W. State Street P.O. Box 83720 Boise, ID 83720 Phone: (208) 334-3233

Fax: (208) 334-3945

24.13.01 – RULES GOVERNING THE PHYSICAL THERAPY LICENSURE BOARD DOCKET NO. 24-1301-2001

NOTICE OF INTENT TO PROMULGATE RULES - NEGOTIATED RULEMAKING

AUTHORITY: In compliance with Sections 67-5220(1) and 67-5220(2), Idaho Code, notice is hereby given that this agency intends to promulgate rules and desires public comment prior to initiating formal rulemaking procedures. This negotiated rulemaking action is authorized pursuant to Section 54-2206, Idaho Code.

MEETING SCHEDULE: A public meeting on the negotiated rulemaking will be held as follows:

PUBLIC MEETING

Friday, May 15, 2020 at 9:00 a.m. (MDT)

Idaho Division of
Occupational & Professional Licensing
700 W. State Street
First Floor
Boise, Idaho 83702

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

METHOD OF PARTICIPATION: Persons wishing to participate in the negotiated rulemaking must do the following:

The Board will receive written and public comments at the meeting. Written Comments received by May 11 will be included in the Board's documents for review at the meeting. Comments may be sent to Rob McQuade, Legal Counsel for the Division of Occupational and Professional Licenses, at pht@ibol.idaho.gov.

Upon conclusion of the negotiated rulemaking, any unresolved issues, all key issues considered, and conclusion reached during the negotiated rulemaking will be addressed in a written summary. The summary will be made available to interested persons who contact the agency or, if the agency chooses, the summary may be posted on the agency website.

DESCRIPTIVE SUMMARY AND STATEMENT OF PURPOSE: The following is a statement in nontechnical language of the substance and purpose of the intended negotiated rulemaking and the principal issues involved:

This rulemaking will review IDAPA 24.13.01 to comply with the requirements of the Licensing Freedom Act of 2019, Executive Order No. 2019-02, and the Board's continued efforts to clarify and streamline its rules. The proposed rule charges will refine and simplify existing language, as well as reduce or eliminate unnecessary restrictions.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS, OBTAINING DRAFT COPIES: For assistance on technical questions concerning this negotiated rulemaking or to obtain a preliminary draft copy of the rule text (if available), contact Rob McQuade at (208) 334-3233. Materials pertaining to the negotiated rulemaking, including any available preliminary rule drafts, can be found at the Division of Occupational and Professional Licensing web site at the following web address: www.ibol.idaho.gov, by clicking on the "Physical Therapists" tab, and the "proposed laws and rules" tab.

Anyone may submit written comments regarding this negotiated rulemaking. All written comments must be directed to the undersigned at www.ibol.idaho.gov and must be delivered on or before the meeting date.

Dated this 6th day of March, 2020.

DIV. OF OCCUPATIONAL & PROFESSIONAL LICENSES Rules Governing the Physical Therapy Licensure Board

Docket No. 24-1301-2001 Negotiated Rulemaking

Kelley Packer Division Administrator Division of Occupational and Professional Licenses 700 W. State Street P.O. Box 83720 Boise, ID 83720 Phone: (208) 334-3233 Fax: (208) 334-3945

24.20.01 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

DOCKET NO. 24-2001-2001

NOTICE OF INTENT TO PROMULGATE RULES - NEGOTIATED RULEMAKING

AUTHORITY: In compliance with Section 67-5220, Idaho Code, notice is hereby given that this agency intends to promulgate rules and desires public comment prior to initiating formal rulemaking procedures. This negotiated rulemaking action is authorized pursuant to Section 67-2609, Idaho Code.

METHOD OF PARTICIPATION: Interested persons wishing to participate in the negotiated rulemaking must respond to this notice by contacting the undersigned either in writing, by email, or by calling the phone number listed below. To participate, responses must be received by June 1, 2020.

Should a reasonable number of persons respond to this notice, negotiated meetings will be scheduled and all scheduled meetings shall be posted and made accessible on the agency website at the address listed below.

Failure of interested persons to respond to this notice of intent or the lack of a sufficient number of responses to this notice of intent may result in the discontinuation of further informal proceedings. In either event, the agency shall have sole discretion in determining the feasibility of scheduling and conducting informal negotiated rulemaking and may proceed directly to formal rulemaking if proceeding with negotiated rulemaking is deemed infeasible.

Upon the conclusion of the negotiated rulemaking, any unresolved issues, all key issues considered, and conclusions reached during the negotiated rulemaking will be addressed in a written summary. The summary will be made available to interested persons who contact the agency or, if the agency chooses, the summary may be posted on the agency website.

DESCRIPTIVE SUMMARY: The following is a statement in nontechnical language of the substance and purpose of the intended negotiated rulemaking and the principal issues involved:

This rulemaking will review IDAPA 24.20.01 to comply with the requirements of the Licensing Freedom Act of 2019, Executive Order No. 2019-02, and the Division's continued efforts to clarify and streamline its rules. The proposed rule charges will refine and simplify existing language, as well as reduce or eliminate unnecessary restrictions.

ASSISTANCE ON TECHNICAL QUESTIONS, MEETING ACCOMMODATIONS, SUBMISSION OF WRITTEN COMMENTS, OBTAINING DRAFT COPIES: For assistance on technical questions concerning this negotiated rulemaking, requests for special meeting accommodations or accessibility, or to obtain a preliminary draft copy of the rule text (if available), contact Rob McQuade at (208) 334-3233. Materials pertaining to the negotiated rulemaking, including any available preliminary rule drafts, can be found on the Division of Occupational and Professional Licenses web site at the following web address: www.ibol.idaho.gov.

Dated this 6th day of March, 2020.

Kelley Packer
Division Administrator
Division of Occupational and Professional Licenses
700 W. State Street
P.O. Box 83720
Boise, ID 83720
Phone: (208) 334, 3233

Phone: (208) 334-3233 Fax: (208) 334-3945

24.25.01 – RULES OF THE IDAHO DRIVING BUSINESSES LICENSURE BOARD DOCKET NO. 24-2501-2001

NOTICE OF INTENT TO PROMULGATE RULES - NEGOTIATED RULEMAKING

AUTHORITY: In compliance with Sections 67-5220(1) and 67-5220(2), Idaho Code, notice is hereby given that this agency intends to promulgate rules and desires public comment prior to initiating formal rulemaking procedures. This negotiated rulemaking action is authorized pursuant to Section 54-5403, Idaho Code.

MEETING SCHEDULE: A public meeting on the negotiated rulemaking will be held as follows:

PUBLIC MEETINGS

Tuesday, June 30, 2020 at 8:30 a.m. (MDT)

Idaho Division of
Occupational & Professional Licensing
700 W. State Street
First Floor
Boise Idaho 83702,

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

METHOD OF PARTICIPATION: Persons wishing to participate in the negotiated rulemaking must do the following:

The Board will receive written and public comments at the meeting. Written comments received by June 26 will be included in the Board's documents for review at the meeting. Comments may be sent to Rob McQuade, Legal Counsel for the Division of Occupational and Professional Licenses, at drugble-lidaho.gov.

Upon conclusion of the negotiated rulemaking, any unresolved issues, all key issues considered, and conclusion reached during the negotiated rulemaking will be addressed in a written summary. The summary will be made available to interested persons who contact the agency or, if the agency chooses, the summary may be posted on the agency website.

DESCRIPTIVE SUMMARY AND STATEMENT OF PURPOSE: The following is a statement in nontechnical language of the substance and purpose of the intended negotiated rulemaking and the principal issues involved:

This rulemaking will review IDAPA 24.25.01 to comply with the requirements of the Licensing Freedom Act of 2019, Executive Order No. 2019-02, and the Board's continued efforts to clarify and streamline its rules. The proposed rule charges will refine and simplify existing language, as well as reduce or eliminate unnecessary restrictions.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS, OBTAINING DRAFT COPIES: For assistance on technical questions concerning this negotiated rulemaking or to obtain a preliminary draft copy of the rule text (if available), contact Rob McQuade at (208) 334-3233. Materials pertaining to the negotiated rulemaking, including any available preliminary rule drafts, can be found at the Division of Occupational and Professional Licensing web site at the following web address: www.ibol.idaho.gov, by clicking on the "Driving Businesses" tab, and the "proposed laws and rules" tab.

Anyone may submit written comments regarding this negotiated rulemaking. All written comments must be directed to the undersigned ibol@ibol.idaho.gov and must be delivered on or before the meeting date.

Dated this 6th day of March, 2020.

DIV. OF OCCUPATIONAL & PROFESSIONAL LICENSES Rules of the Idaho Driving Businesses Licensure Board

Docket No. 24-2501-2001 Negotiated Rulemaking

Kelley Packer Division Administrator Division of Occupational and Professional Licenses 700 W. State Street P.O. Box 83720 Boise, ID 83720 Phone: (208) 334-3233 Fax: (208) 334-3945

24.28.01 – RULES OF THE BARBER AND COSMETOLOGY SERVICES LICENSING BOARD DOCKET NO. 24-2801-2001

NOTICE OF INTENT TO PROMULGATE RULES - NEGOTIATED RULEMAKING

AUTHORITY: In compliance with Sections 67-5220(1) and 67-5220(2), Idaho Code, notice is hereby given that this agency intends to promulgate rules and desires public comment prior to initiating formal rulemaking procedures. This negotiated rulemaking action is authorized pursuant to Sections 54-5807, and 54-5822, Idaho Code.

MEETING SCHEDULE: A public meeting on the negotiated rulemaking will be held as follows:

PUBLIC MEETING

Monday, June 1, 2020 at 8:30 a.m. (MDT)

Idaho Division of
Occupational & Professional Licensing
700 W. State Street
First Floor
Boise Idaho 83702.

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

METHOD OF PARTICIPATION: Persons wishing to participate in the negotiated rulemaking must do the following:

The Board will receive written and public comments at the meeting. Written comments received by May 27 will be included in the Board's documents for review at the meeting. Comments may be sent to Rob McQuade, Legal Counsel for the Division of Occupational and Professional Licenses, at bcb@ibol.idaho.gov.

Upon conclusion of the negotiated rulemaking, any unresolved issues, all key issues considered, and conclusion reached during the negotiated rulemaking will be addressed in a written summary. The summary will be made available to interested persons who contact the agency or, if the agency chooses, the summary may be posted on the agency website.

DESCRIPTIVE SUMMARY AND STATEMENT OF PURPOSE: The following is a statement in nontechnical language of the substance and purpose of the intended negotiated rulemaking and the principal issues involved:

This rulemaking will review IDAPA 24.28.01 to comply with the requirements of the Licensing Freedom Act of 2019, Executive Order No. 2019-02, and the Board's continued efforts to clarify and streamline its rules. The proposed rule charges will refine and simplify existing language, as well as reduce or eliminate unnecessary restrictions.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS, OBTAINING DRAFT COPIES: For assistance on technical questions concerning this negotiated rulemaking or to obtain a preliminary draft copy of the rule text (if available), contact Rob McQuade at (208) 334-3233. Materials pertaining to the negotiated rulemaking, including any available preliminary rule drafts, can be found at the Division of Occupational and Professional Licensing web site at the following web address: www.ibol.idaho.gov, by clicking on the "Barbers and Cosmetologists" tab, and the "proposed laws and rules" tab.

Anyone may submit written comments regarding this negotiated rulemaking. All written comments must be directed to the undersigned and must be delivered on or before the meeting date.

Dated this 6th day of March, 2020.

DIV. OF OCCUPATIONAL & PROFESSIONAL LICENSES Rules of the Barber & Cosmetology Services Licensing Board

Docket No. 24-2801-2001 Negotiated Rulemaking

Kelley Packer Division Administrator Division of Occupational and Professional Licenses 700 W. State Street P.O. Box 83720 Boise, ID 83720 Phone: (208) 334-3233 Fax: (208) 334-3945

IDAPA 34 - SECRETARY OF STATE

34.07.01 – RULES GOVERNING NOTARIAL ACTS PERFORMED FOR REMOTELY LOCATED INDIVIDUALS

DOCKET NO. 34-0701-2002 (NEW CHAPTER)

NOTICE OF RULEMAKING - ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is March 20, 2020.

AUTHORITY: In compliance with Sections 67-5226, Idaho Code, notice is hereby given this agency has adopted a temporary rule. The action is authorized pursuant to Sections 51-127 and 51-114A, Idaho Code.

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

This temporary rulemaking governs the performance of notarial acts for remotely located individuals by use of communication technology and describes specifications for the use of tamper-evident technologies that are required for notarial acts performed with respect to electronic records.

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

This temporary rule is necessary to provide the guidance needed for the implementation of changes made during the 2019 legislative session that take effect as of January 1, 2019 with regards to notarizations performed for a remotely located individual through the means of communication technology, as per Idaho Code Title 51, Chapter 1.

This temporary rule was previously adopted under Docket No. 34-0701-2001 and submitted for review for extension during the 2020 legislative session but was not extended by concurrent resolution as required and expired upon adjournment of the legislature. It is now being re-adopted to conform to and implement state law.

FEE SUMMARY: No fee or charges are imposed or changed through this temporary rulemaking.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Chief Deputy Chad Houck at (208) 332-2862.

Dated this 19th day of March, 2020.

Chad Houck Chief Deputy Secretary of State, Administrative Office 700 W. Jefferson, Room E205 P.O. Box 83720 Boise, ID 83720-0080

Phone: (208) 332-2862 Fax: (208) 334-2282

THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE FOR DOCKET NO. 34-0701-2002 (Only Those Sections With Amendments Are Shown.)

34.07.01 – RULES GOVERNING NOTARIAL ACTS PERFORMED FOR REMOTELY LOCATED INDIVIDUALS

000. LEGAL AUTHORITY.

In accordance with Sections 51-127 and 51-114A, Idaho Code, the Secretary of State has authority to promulgate administrative rules in order for notaries public to perform notarial acts for remotely located individuals by use of communication technology not inconsistent with the Revised Uniform Law on Notarial Acts (2018) enacted as Title 51, Chapter 1, Idaho Code. (3-20-20)T

001. TITLE AND SCOPE.

- **01. Title**. These rules are titled IDAPA 34.07.01, "Rules Governing Notarial Acts Performed for Remotely Located Individuals." (3-20-20)T
- **O2. Scope**. These rules will govern the performance of notarial acts for remotely located individuals by use of communication technology under Title 51, Chapter 1, Idaho Code. Only notaries public who have been authorized to perform notarial acts with respect to electronic records and by the Secretary of State under this chapter for remotely located individuals are governed by this chapter. Additional specifications for the use of tamper-evident technologies are required for notarial acts performed with respect to electronic records as described in Title 51, Chapter 1, Idaho Code. (3-20-20)T

002. -- 009. (RESERVED)

010. **DEFINITIONS.**

For all terms used here but not otherwise defined, the meaning will be the same as in Sections 51-102 and 51-114A, Idaho Code.

01. Knowledge-Based Authentication. An identity assessment used by a notary public to identify an individual that is based on a set of questions formulated from public or private data sources that does not contain a question for which the individual provided a prior answer to the person doing the assessment. (3-20-20)T

011. REQUIRED NOTIFICATION TO SECRETARY OF STATE.

- **Qualification Requirements**. An individual qualifies to perform notarial acts for remotely located individuals by: (3-20-20)T
 - **a.** Being duly commissioned as a notary public under Section 51-121, Idaho Code; (3-20-20)T
 - **b.** Being authorized by the Secretary of State to perform electronic notarizations; and (3-20-20)T
- **c.** Providing notice by application to the Secretary of State that the notary public will be performing notarial acts facilitated by communication technology that meets the requirements of this chapter. (3-20-20)T
- **02. Notification Form.** The notification required under this section must be on a form as prescribed by the Secretary of State. (3-20-20)T
- **03. Submission of Notification.** The notification must be submitted to the Secretary of State in writing or as otherwise provided by information posted on the Secretary of State's website. (3-20-20)T

- **Q4. Renewal of Commission**. The renewal of the commission of a notary public who has previously qualified to perform notarial acts for remotely located individuals under this section constitutes renewal of the notary public's qualification without the necessity of submission of another notification under this section. (3-20-20)T
- **05. Updated Technology**. This section does not prohibit a notary public from receiving, installing, or using a hardware or software update to the technologies that the notary public identified under Subsection 011.02 of this chapter if the hardware or software update does not result in technologies that are materially different from the technologies that the notary public identified. (3-20-20)T

012. USE OF ELECTRONIC RECORDS.

- **01. Tamper-Evident Technology Required.** A notary shall select one or more tamper-evident technologies to perform notarial acts with respect to electronic records. A person may not require a notary public to use a technology that the notary public has not selected. (3-20-20)T
- **O2. Digital Certificate.** Tamper-evident technology shall consist of a digital certificate complying with the X.509 standard adopted by the International Telecommunication Union or a similar industry-standard technology. A notary public shall attach or logically associate the notary public's electronic signature and official stamp to an electronic record that is the subject of a notarial act by use of a digital certificate. A notary public may not perform a notarial act with respect to an electronic record if the digital certificate: (3-20-20)T

a. Has expired; (3-20-20)T

b. Has been revoked or terminated by the issuing or registering authority; (3-20-20)T

c. Is invalid; or (3-20-20)T

d. Is incapable of authentication. (3-20-20)T

013. IDENTITY PROOFING.

If a notary public does not have satisfactory evidence of the identity of a remotely located individual under Section 014 of this chapter, the notary public must reasonably verify the individual's identity through two (2) different types of identity proofing consisting of a multi-factor authentication procedure as provided in this section. The procedure shall analyze the individual's identity credential against trusted third-person data sources, bind the individual's identity to the individual following successful knowledge-based authentication, and permit the notary public visually to compare the identity credential and the individual. The analysis of the identity credential and the knowledge-based authentication shall conform to the following requirements:

(3-20-20)T

- **01. Credential Analysis.** The analysis of an identity credential must use public or private data sources to confirm the validity of the identity credential presented by a remotely located individual and, at a minimum: (3-20-20)T
- **a.** Use automated software processes to aid the notary public in verifying the identity of each remotely located individual; (3-20-20)T
- **b.** Require that the identity credential passes an authenticity test, consistent with sound commercial practices that use appropriate technologies to confirm the integrity of visual, physical, or cryptographic security features and to confirm that the identity credential is not fraudulent or inappropriately modified; (3-20-20)T
- **c.** Use information held or published by the issuing source or an authoritative source, as available and consistent with sound commercial practices, to confirm the validity of personal details and identity credential details; and (3-20-20)T
- **d.** Enable the notary public visually to compare for consistency the information and photograph on the identity credential and the remotely located individual as viewed by the notary public in real time through communication technology. (3-20-20)T

- **02. Knowledge-Based Authentication**. A knowledge-based authentication is successful if it meets the following requirements: (3-20-20)T
- a. The remotely located individual must answer a quiz consisting of a minimum of five questions related to the individual's personal history or identity formulated from public or private data sources; (3-20-20)T
 - **b.** Each question must have a minimum of five (5) possible answer choices; (3-20-20)T
 - c. At least eighty percent (80%) of the questions must be answered correctly; (3-20-20)T
 - **d.** All questions must be answered within two (2) minutes; (3-20-20)T
- **e.** If the remotely located individual fails the first attempt, the individual may retake the quiz one (1) time within twenty-four (24) hours; (3-20-20)T
- f. During a retake of the quiz, a minimum of forty percent (40%) of the prior questions must be replaced; (3-20-20)T
- g. If the remotely located individual fails the second attempt, the individual is not allowed to retry with the same notary public within twenty-four (24) hours of the second failed attempt; and (3-20-20)T
 - **h.** The notary public must not be able to see or record the questions or answers. (3-20-20)T

014. OTHER METHODS OF IDENTITY PROOFING.

A notary public has satisfactory evidence of the identity of a remotely located individual if the notary public has personal knowledge of the identity of the individual or if the notary public has satisfactory evidence of the identity of the individual by oath or affirmation of a credible witness appearing before the notary as provided in Section 51-107, Idaho Code. A credible witness may be a remotely located individual if the notary public, credible witness, and individual whose statement or signature is the subject of the notarial act can communicate by using communication technology. A remotely located credible witness must meet the same requirements for identity proofing found in Section 013 of this chapter, or the notary public must have personal knowledge of the identity of the remotely located credible witness.

(3-20-20)T

015. COMMUNICATION TECHNOLOGY.

01. Audio-Video Feeds. Communication technology shall:

- (3-20-20)T
- **a.** Provide for synchronous audio-video feeds of sufficient video resolution and audio clarity to enable the notary public and remotely located individual to see and speak with each other; and (3-20-20)T
- **b.** Provide a means for the notary public reasonably to confirm that a record before the notary public is the same record in which the remotely located individual made a statement or on which the remotely located individual executed a signature. (3-20-20)T
- **O2. Security Measures.** Communication technology shall provide reasonable security measures to prevent unauthorized access to the live transmission of the audio-visual feeds, the methods used to perform the identity proofing process under Sections 013 or 014 of this chapter, and the electronic record that is the subject of the notarial act.

 (3-20-20)T
- **Workflow**. If a remotely located individual must exit the workflow, the remotely located individual must restart the identity proofing process under Sections 013 or 014 of this chapter from the beginning. (3-20-20)T

016. RECORD RETENTION AND REPOSITORIES.

Optional Journal. A notary public may maintain one or more journals in which the notary public chronicles all notarial acts that the notary public performs with respect to remotely located individuals. A journal may be created on a tangible medium or in an electronic format using an industry-standard data file format. If the journal

is maintained on a tangible medium, it must be a permanent, bound register with numbered pages. An entry in a journal must be made contemporaneously with the performance of the notarial act. (3-20-20)T

- **O2. Retention Requirements.** A notary public shall retain an audio-visual recording required under Section 51-114A, Idaho Code, in a computer or other electronic storage device that protects the audio-visual recording against unauthorized access by password or cryptographic process. The recording must be created in an industry-standard audio-visual file format and not include images of any record in which a remotely located individual made a statement or on which the remotely located individual executed a signature. The recording must be retained for at least ten (10) years after the recording is made. On the death or adjudication of incompetency of a current or former notary public, the notary public's personal representative or guardian or any other person knowingly in possession of a recording shall:

 (3-20-20)T
 - **a.** Comply with the retention requirements of this subsection;

(3-20-20)T

- **b.** Transmit the recording to one or more repositories under Subsection 016.03 of this chapter; or (3-20-20)T
- **c.** Transmit the recording in an industry-standard readable data storage device to the Secretary of State. (3-20-20)T
- **Repositories**. A notary public, a guardian, conservator, or agent of a notary public, or a personal representative of a deceased notary public may, by written contract, engage a third person to act as a repository to provide the storage required by Subsection 016.02 of this chapter. A third person under contract under this Subsection shall be deemed a repository under Section 51-114A, Idaho Code. The contract shall: (3-20-20)T
- a. Enable the notary public, the guardian, conservator, or agent of the notary public, or the personal representative of the deceased notary public to comply with the retention requirements of Subsection 016.02 of this chapter even if the contract is terminated; or

 (3-20-20)T
- **b.** Provide that the information will be transferred to the notary public, the guardian, conservator, or agent of the notary public, or the personal representative of the deceased notary public if the contract is terminated.

 (3-20-20)T

017. FEES AND EXPENSES.

Third-Person Expenses: Section 51-133, Idaho Code, shall not be construed to prevent a third person who provides technologies or storage capabilities to aid the notary public in the performance of a notarial act or in the fulfillment of duties under this chapter from separately charging and collecting any additional fee for the services provided.

(3-20-20)T

018. CERTIFICATE OF NOTARIAL ACT.

Additional Language for Use of Communication Technology: As per Section 51-114A, Idaho Code, a certificate for a notarial act for a remotely located individual, whether in standard or short form, will include additional language to indicate that the notarial act was performed using communication technology and will be sufficient if it is substantially as follows: "This notarial act involved the use of communication technology." (3-20-20)T

019. -- 999. (RESERVED)

IDAPA 58 – DEPARTMENT OF ENVIRONMENTAL QUALITY

58.01.02 – WATER QUALITY STANDARDS DOCKET NO. 58-0102-2001 NOTICE OF NEGOTIATED RULEMAKING

AUTHORITY: In compliance with Section 67-5220, Idaho Code, notice is hereby given that this agency intends to promulgate a rule and desires public participation before publishing a proposed rule. This rulemaking action is authorized by Sections 39-105, 39-107, and 39-3601 et seq., Idaho Code.

METHOD OF PARTICIPATION: Those interested in participating in the negotiated rulemaking process are encouraged to attend the scheduled meeting via telephone and web conferencing. Individuals interested in participating by telephone and web conferencing should contact the undersigned. For those who cannot participate by attending the meeting, information for submitting written comments is provided at the end of this notice.

MEETING SCHEDULE: A negotiated rulemaking meeting has been scheduled. Any additional meeting dates will be posted at www.deq.idaho.gov/58-0102-2001.

MEETING SET FOR PUBLIC PARTICIPATION VIA TELEPHONE AND WEB CONFERENCING

Thursday, May 7, 2020 – 9:00 a.m. to 12:30 p.m. (MDT)

Contact the undersigned to make arrangements for participation by telephone and web conferencing.

On March 25, 2020, Governor Little issued a Proclamation declaring an emergency and taking steps to reduce and slow coronavirus spread. In compliance with the Proclamation, DEQ will hold this meeting via telephone and web conferencing.

PRELIMINARY DRAFT RULE: DEQ did not draft a preliminary draft rule for public review prior to the first meeting. The first meeting has been scheduled for the purpose of discussing stakeholder concerns regarding the implementation of the bacteria criteria, gathering information, and setting a path forward. More information regarding this rule docket is available at www.deq.idaho.gov/58-0102-2001.

DESCRIPTIVE SUMMARY: This rulemaking has been initiated to (1) revise water quality standards based on stakeholder comments and concerns regarding the implementation of the bacteria criteria, and (2) delete obsolete rule language.

Address Concerns Regarding Implementation of Bacteria Criteria

During 2019 legislative review of pending rule Docket No. 58-0102-1802, stakeholders raised concerns regarding the implementation of Idaho bacteria criteria as presented in the pending rule. On March 18, 2019, the House adopted House Concurrent Resolution No. 23 (HCR23) to reject Subsection 251.02, adopted as a pending rule under Docket No. 58-0102-1802. On March 19 2019, HCR23 was introduced in the Senate and referred to the Senate Health & Welfare Committee. HCR23 was not reported out of committee; the pending rule docket became final and effective on April 11, 2019. This rulemaking seeks to revise Idaho Water Quality Standards to address the stakeholders' unresolved concerns.

This rulemaking will consider revisions to bacteria criteria language in Section 251 regarding the geometric mean criterion for E. coli and enterococci and whether to include data sufficiency clauses or statements addressing the minimum sample number for assessing compliance with the recreational criteria. DEQ will consider revision of statistical threshold values (STV) as criteria. The STV is a concentration that is not to be exceeded more frequently than 10% of valid samples collected in a 30-day period. Stakeholders expressed concern with the use of the STV for determining beneficial use support.

Delete Obsolete Rule Language

DEQ proposes to delete Subsection 260.02 including footnotes. Subsection 260.02, Variances from Water Quality Standards, Specific Variances, was adopted by the Idaho Board of Environmental Quality in 2000 and approved by the Idaho Legislature in 2001 (Docket No. 58-0102-0002). On May 29, 2003, DEQ submitted the final rule to EPA. On May 7, 2010, EPA disapproved the variance; therefore, Subsection 260.02 is not effective for Clean Water Act purposes and has been identified for deletion.

The text of the rule will be drafted by DEQ in conjunction with a negotiating committee made up of persons having an interest in the development of this rule. Idahoans that recreate in, drink from, or fish Idaho's surface waters and any who discharge pollutants to those same waters may be interested in participating in this rulemaking. Upon conclusion of negotiations, DEQ intends to publish a proposed rule for public comment.

EFFECTIVE FOR CLEAN WATER ACT PURPOSES: Water quality standards adopted and submitted to EPA since May 30, 2000, are not effective for federal Clean Water Act (CWA) purposes until EPA approves them (see 40 CFR 131.21). This is known as the Alaska Rule. This rulemaking will be promulgated so that the existing rule effective for CWA purposes remains in the Idaho Administrative Code until EPA approves the rule revisions. Notations explaining the effectiveness of the rule sections are also included. Upon EPA approval, the revised rule will become effective for CWA purposes and the previous rule and notations will be deleted from the Idaho Administrative Code. Information regarding the status of EPA review will be posted at http://www.deq.idaho.gov/epa-actions-on-proposed-standards.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on questions concerning this rulemaking, contact Michelle Dale at michelle.dale@deq.idaho.gov, (208) 373-0187.

SUBMISSION OF WRITTEN COMMENTS: Written comments may be submitted by mail, fax or email at the address below. Information regarding public comment opportunities provided throughout the negotiated rulemaking process will be available at www.deq.idaho.gov/58-0102-2001. To sign up for email notifications, contact Paula Wilson at paula.wilson@deq.idaho.gov.

Dated this 1st day of April, 2020.

Paula J. Wilson Hearing Coordinator Department of Environmental Quality 1410 N. Hilton Street Boise, Idaho 83706-1255 Phone: (208) 373-0418 Fax: (208) 373-0481 paula.wilson@deq.idaho.gov

IDAPA 58 – DEPARTMENT OF ENVIRONMENTAL QUALITY

58.01.19 – RULES FOR THE DESIGN AND CONSTRUCTION OF PHOSPHOGYPSUM STACKS DOCKET NO. 58-0119-2001 (NEW CHAPTER) NOTICE OF NEGOTIATED RULEMAKING

AUTHORITY: In compliance with Section 67-5220, Idaho Code, notice is hereby given that this agency intends to promulgate a rule and desires public participation before publishing a proposed rule. This rulemaking action is authorized by Sections 39-105, 39-107, and 39-176A through 39-176F, Idaho Code.

METHOD OF PARTICIPATION: Those interested in participating in the negotiated rulemaking process are encouraged to attend the scheduled meeting via telephone and web conferencing. Individuals interested in participating by telephone and web conferencing should contact the undersigned. For those who cannot participate by attending the meeting, information for submitting written comments is provided at the end of this notice.

MEETING SCHEDULE: A negotiated rulemaking meeting has been scheduled. Any additional meeting dates will be posted at www.deq.idaho.gov/58-0119-2001.

MEETING SET FOR PUBLIC PARTICIPATION VIA TELEPHONE AND WEB CONFERENCING

Thursday, April 16, 2020 – 9:00 a.m. to 12:30 p.m. (MDT)

Contact the undersigned to make arrangements for participation by telephone and web conferencing.

On March 25, 2020, Governor Little issued a Proclamation declaring an emergency and taking steps to reduce and slow coronavirus spread. In compliance with the Proclamation, DEQ will hold this meeting via telephone and web conferencing.

PRELIMINARY DRAFT RULE: The preliminary draft rule is available at www.deq.idaho.gov/58-0119-2001.

DESCRIPTIVE SUMMARY: This rulemaking has been initiated for the promulgation of rules for the design and construction of phosphogypsum stacks as directed by the 2020 Idaho Legislature. In response to the Idaho Legislature's directive, DEQ proposes to negotiate a new rule chapter consistent with the statutory requirements in House Bill 367 (to be codified at Idaho Code §§ 39-176A – 39-176F) regarding construction and lateral expansion and management of phosphogypsum stacks and phosphogypsum stack systems and other such rules as may be necessary to carry out the legislative intent and purposes.

The text of the rule will be drafted by DEQ in conjunction with a negotiating committee made up of persons having an interest in the development of this rule. Idaho Mining Association, phosphorous mining companies, phosphoric acid production facilities, conservation and environmental groups, Indian tribes, counties, cities, and citizens of Idaho may be interested in participating in this rulemaking. Upon conclusion of negotiations, DEQ intends to publish a proposed rule for public comment.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on questions concerning this rulemaking, contact Caroline Moores at caroline.moores@deq.idaho.gov or (208) 373-0554.

SUBMISSION OF WRITTEN COMMENTS: Written comments may be submitted by mail, fax or email at the address below. The written comment deadline on the preliminary draft rule is April 28, 2020. Information regarding public comment opportunities provided throughout the negotiated rulemaking process will be available at www.deq.idaho.gov/58-0119-2001. To sign up for email notifications, contact Paula Wilson at paula.wilson@deq.idaho.gov.

DEPARTMENT OF ENVIRONMENTAL QUALITY Rules for the Design & Construction of Phosphogypsum Stacks

Docket No. 58-0119-2001 Negotiated Rulemaking

Dated this 1st day of April, 2020.

Paula J. Wilson Hearing Coordinator Department of Environmental Quality 1410 N. Hilton Street Boise, Idaho 83706-1255 Phone: (208) 373-0418 Fax: (208) 373-0481

paula.wilson@deq.idaho.gov

IDAPA 58 – DEPARTMENT OF ENVIRONMENTAL QUALITY

58.01.25 – RULES REGULATING THE IDAHO POLLUTANT DISCHARGE ELIMINATION SYSTEM PROGRAM

DOCKET NO. 58-0125-2001

NOTICE OF NEGOTIATED RULEMAKING

AUTHORITY: In compliance with Section 67-5220, Idaho Code, notice is hereby given that this agency intends to promulgate a rule and desires public participation before publishing a proposed rule. This rulemaking action is authorized by Sections 39-105, 39-107, and 39-175C, Idaho Code.

METHOD OF PARTICIPATION: Those interested in participating in the negotiated rulemaking process are encouraged to attend the scheduled meeting via telephone and web conferencing. Individuals interested in participating by telephone and web conferencing should contact the undersigned. For those who cannot participate by attending the meeting, information for submitting written comments is provided at the end of this notice.

MEETING SCHEDULE: A negotiated rulemaking meeting has been scheduled. Any additional meeting dates will be posted at www.deq.idaho.gov/58-0125-2001.

MEETING SET FOR PUBLIC PARTICIPATION VIA TELEPHONE AND WEB CONFERENCING

Tuesday, April 14, 2020 – 9:00 a.m. to 12:30 p.m. (MDT)

Contact the undersigned to make arrangements for participation by telephone and web conferencing.

On March 25, 2020, Governor Little issued a Proclamation declaring an emergency and taking steps to reduce and slow coronavirus spread. In compliance with the Proclamation, DEQ will hold this meeting via telephone and web conferencing.

PRELIMINARY DRAFT RULE: The preliminary draft rule is available at www.deq.idaho.gov/58-0125-2001.

DESCRIPTIVE SUMMARY: The purpose of this rulemaking is to ensure the Rules Regulating the Idaho Pollutant Discharge Elimination System (IPDES) Program, IDAPA 58.01.25, remain consistent with federal regulations and to make clarifications in response to ambiguities identified during DEQ's administration of the IPDES program. The IPDES rules need to be updated routinely to maintain consistency with federal regulations implementing the Clean Water Act.

In December 2015 and June 2019, updated federal regulations became effective for National Pollutant Discharge Elimination System (NPDES) permitting authorities. These regulations require commensurate changes to portions of the IPDES rules with regard to updating definitions, applications, and reporting requirements for the state and facilities permitted under the program. DEQ is proposing to update those items incorporated by reference impacted by the federal changes. DEQ will also negotiate changes to IPDES rules to clarify requirements related to fee payment, public comments, appeals, and other ambiguities identified since implementation of the program in July 2018.

Adoption of federal regulations is necessary to maintain delegated state authority of the IPDES program. Federal regulations incorporated by reference will be updated with the July 1, 2020, Code of Federal Regulations (CFR) effective date. The July 1, 2020, CFR is a codification of federal regulations published in the Federal Register as of July 1, 2020. Because this rulemaking has been initiated before July 1, 2020, applicable federal regulations published in the Federal Register and codified between now and July 1, 2020, may be identified as necessary for incorporation by reference before the conclusion of this rulemaking. DEQ negotiated the original rule language and incorporated by reference federal regulations affecting the program. It is necessary to update the CFR effective dates of the incorporated federal regulations.

The text of the rule will be drafted by DEQ in conjunction with a negotiating committee made up of persons having an interest in the development of this rule. Major and minor municipal dischargers, industrial dischargers, facilities, organizations and individuals seeking coverage under a general permit; facilities that currently have or will have a pretreatment permit to a wastewater facility; and others interested in point source discharges to Idaho's surface waters may be interested in participating in this rulemaking. Upon conclusion of negotiations, DEQ intends to publish a proposed rule for public comment.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on questions concerning this rulemaking, contact Troy Smith at troy.smith@deq.idaho.gov or (208) 373-0488.

SUBMISSION OF WRITTEN COMMENTS: Written comments may be submitted by mail, fax or email at the address below. The written comment deadline on the preliminary draft rule is April 23, 2020. Information regarding public comment opportunities provided throughout the rulemaking process will be available at www.deq.idaho.gov/58-0125-2001. To sign up for email notifications, contact Paula Wilson at paula.wilson@deq.idaho.gov.

Dated this 1st day of April, 2020.

Paula J. Wilson Hearing Coordinator Department of Environmental Quality 1410 N. Hilton Street Boise, Idaho 83706-1255 Phone: (208) 373-0418 Fax: (208) 373-0481

paula.wilson@deq.idaho.gov

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LEGAL NOTICE

Summary of Proposed Rulemakings

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

THERE ARE NO PROPOSED RULES PUBLISHED IN THE APRIL 1, 2020, IDAHO ADMINISTRATIVE BULLETIN, VOL. 20-4.

Please refer to the Idaho Administrative Bulletin **April 1, 2020, Volume 20-4**, for the notices and text of all rulemakings, proclamations, negotiated rulemaking and public hearing information and schedules, executive orders of the Governor, and contact information.

Issues of the Idaho Administrative Bulletin can be viewed at www.adminrules.idaho.gov/

Office of the Administrative Rules Coordinator, Division of Financial Management P.O. Box 83720, Boise, ID 83720-0032

CUMULATIVE RULEMAKING INDEX OF IDAHO ADMINISTRATIVE RULES

Office of the Administrative Rules Coordinator
Division of Financial Management
Office of the Governor

July 1, 1993 - Present

CUMULATIVE RULEMAKING INDEX OF IDAHO ADMINISTRATIVE RULES

This index provides a history of all agency rulemakings beginning with the first Administrative Bulletin in July 1993 to the most recent Bulletin publication. It tracks all rulemaking activities on each chapter of rules by the rulemaking docket numbers and includes negotiated, temporary, proposed, pending and final rules, public hearing notices, vacated rulemaking notices, notice of legislative actions taken on rules, and executive orders of the Governor.

ABRIDGED RULEMAKING INDEX OF IDAHO ADMINISTRATIVE RULES

(Index of Current and Active Rulemakings)

Office of the Administrative Rules Coordinator Division of Financial Management

April 11, 2019 - April 1, 2020

(PLR 2020) – Final Effective Date Is Pending Legislative Review in 2020
(eff. date)L – Denotes Adoption by Legislative Action
(eff. date)T – Temporary Rule Effective Date

SCR # – denotes the number of a Senate Concurrent Resolution (Legislative Action)

HCR # – denotes the number of a House Concurrent Resolution (Legislative Action)

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- 01-0101-1900F Idaho Accountancy Rules Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking Reauthorizes Title 01, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 01-0101-1900F Idaho Accountancy Rules Notice of Omnibus Fee Rulemaking Notice of Public Hearing, Bulletin Vol. 19-9
- 01-0101-1900F Idaho Accountancy Rules Notice of Omnibus Fee Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 02 – IDAHO DEPARTMENT OF AGRICULTURE

- 02-0100-1901OM Notice of Intent to Promulgate Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9
 (Omnibus Negotiated Rulemaking Consolidation & Reorganization of Chapters Under the Direction of ISDA Chapters 02.02.02 through 02.06.41)
- 02-0000-1900 Rules of the Idaho Department of Agriculture Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking Reauthorizes Title 02, Chapters 04-06, 10; Title 04, Chapters 05-06, 22, 24; Title 05, Chapter 01 Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 02-0000-1900 Rules of the Idaho Department of Agriculture Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 02-0000-1900A Rules of the Idaho Department of Agriculture Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking (for rules requiring 22-101A statement) Reauthorizes Title 01, Chapter 03; Title 02, Chapters 02, 09; Title 04, Chapters 04, 08, 13, 18, 20-21, 25, 27-29; Title 06, Chapters 07-11, 13, 15, 17, 20, 22, 24, 26, 32, 38, 39 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 02-0000-1900A Rules of the Idaho Department of Agriculture Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 02-0000-1900F Rules of the Idaho Department of Agriculture Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking Reauthorizes Title 01, Chapters 02, 04, 05; Title 06, Chapter 33 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 02-0000-1900F Rules of the Idaho Department of Agriculture Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 02-0000-1900FA Rules of the Idaho Department of Agriculture Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking (Rules requiring 22-101A statement) Reauthorizes Title 02, Chapters 07, 11-15; Title 04, Chapters 03, 09, 19, 26; Title 06, Chapters 01-06, 12, 14, 18, 27, 30-31, 34, 40-41 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 02-0000-1900FA Rules of the Idaho Department of Agriculture Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 02-0000-1900FA Rules of the Idaho Department of Agriculture Notice of Correction to Omnibus Pending Fee Rulemaking, Bulletin Vol. 19-12 (PLR 2020)
- 02-0616-1900 Rules Governing Honey Standards Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking Reauthorizes Title 06, Chapter 16 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- **02-0616-1900** Rules Governing Honey Standards Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 02-0701-1900F Rules of the Idaho Hop Growers Commission Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking Reauthorizes Title 07, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 02-0701-1900F Rules of the Idaho Hop Growers Commission Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 02-0801-1900F Rules of the Idaho Sheep and Goat Health Board Notice of Omnibus Fee Rulemaking Temporary and Proposed Fee Rulemaking Reauthorizes Title 08, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 02-0801-1900F Rules of the Idaho Sheep and Goat Health Board Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

02.01.04, Rules Governing the Idaho Preferred ® Promotion Program

02-0104-1801* Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 18-6 (*Rulemaking terminated by agency)

02-0104-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-5

02-0104-1901 Proposed Rulemaking, Bulletin Vol. 19-8

02-0104-1901 Adoption of Pending Rule, Bulletin Vol. 19-11 (PLR 2020)

02.01.06, Rules Governing the Labeling of Hemp Receptacles

02-0106-2001 Adoption of Temporary Rule (New Chapter), Bulletin Vol. 20-1 (eff. 11-26-19)T

02-0106-2002 Adoption of Temporary Rule (New Chapter), Bulletin Vol. 20-4 (eff. 3-20-20)T

02.02.02, Idaho Department of Agriculture Controlled Atmosphere Storage Rules

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter **02.02.02** into new chapter **02.02.02** - see next entry)

02.02.02, Rules Governing Grading and Controlled Atmosphere Storage of Apples

02-0202-1901* Proposed Rulemaking (New Chapter), Bulletin Vol. 19-11

(*Rulemaking combines previously codified chapters 02.02.02 and 02.02.04 into this new chapter)

02-0202-1901* Adoption of Pending Rule (New Chapter), Bulletin Vol. 20-1 (PLR 2020)

02.02.04, Idaho Standards for Grades of Apples

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter **02.02.04** into new chapter **02.02.02** - see above entry)

02.02.05, Prune Standards

02-0205-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-7

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9

(*Combines previously codified chapter 02.02.05 into new chapter 02.02.05 - see next entry)

02.02.05, Rules Governing Stone Fruit Grades

02-0205-1902* Proposed Rulemaking (New Chapter), Bulletin Vol. 19-11

(*Rulemaking combines previously codified chapters 02.02.05, 02.02.06 and 02.02.10 into this new chapter)

02-0205-1902* Adoption of Pending Rule (New Chapter), Bulletin Vol. 20-1 (PLR 2020)

02.02.06, Idaho Standards for Grades of Sweet Cherries

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter **02.02.06** into new chapter **02.02.05** - see above entry)

02.02.07, Bulk Permit Procedure (Potatoes)

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter **02.02.07** into new chapter **02.02.07** - see next entry)

02.02.07, Rules Governing Bulk Permit and Retail Sale of Potatoes

02-0207-1901* Proposed Rulemaking (New Chapter, Fee Rule), Bulletin Vol. 19-11

(*Rulemaking combines previously codified chapters 02.02.07 and 02.02.09 into this new chapter)

02-0207-1901* Adoption of Pending Rule (New Chapter), Bulletin Vol. 20-1 (PLR 2020)

02.02.09, Rules Requiring Inspection of Potatoes Intended for Sale or Offered for Sale in Retail Outlets

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9

(*Combines previously codified chapter **02.02.09** into new chapter **02.02.07** - see above entry)

02.02.10, Idaho Standards for Apricots

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9

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02.04.15, Rules Governing Beef Cattle Animal Feeding Operations

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     02-0415-1901 Proposed Rulemaking, Bulletin Vol. 19-9
    02-0415-1901 Adoption of Pending Rule, Bulletin Vol. 19-11 (PLR 2020)
02.04.16, Rules Governing Agriculture Odor Management
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     02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9
       (*Combines previously codified chapter 02.04.16 into new chapter 02.04.30)
02.04.17, Rules Governing Dead Animal Movement and Disposal
     02-0417-1901 Adoption of Temporary Rule, Bulletin Vol. 19-7 (eff. 7-1-19)T
     02-0417-1901 Proposed Rulemaking, Bulletin Vol. 19-9
     02-0417-1901 Adoption of Pending Rule, Bulletin Vol. 19-11 (PLR 2020)
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     02-0418-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-6
     02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9
       (*Combines previously codified chapter 02.04.18 into new chapter 02.04.30)
02.04.20, Rules Governing Brucellosis
     02-0420-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-6
     02-0420-1901 Proposed Rulemaking, Bulletin Vol. 19-9
     02-0420-1901 Adoption of Pending Rule, Bulletin Vol. 19-11 (PLR 2020)
02.04.21, Rules Governing the Importation of Animals
    02-0421-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-6
    02-0421-1901 Proposed Rulemaking, Bulletin Vol. 19-9
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02.04.22, Rules Governing Animal Health Emergencies
     02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9
       (*Combines previously codified chapter 02.04.22 into new chapter 02.04.03)
02.04.23, Rules Governing Commercial Livestock Truck Washing Facilities
     02-0423-1901 Adoption of Temporary Rule, Bulletin Vol. 19-7 (eff. 7-1-19)T
     02-0423-1901 Proposed Rulemaking, Bulletin Vol. 19-9
     02-0423-1901 Adoption of Pending Rule, Bulletin Vol. 19-11 (PLR 2020)
02.04.26, Rules Governing Livestock Marketing
     02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9
       (*Combines previously codified chapter 02.04.26 into new chapter 02.04.26 - see next entry)
02.04.26, Rules Governing the Public Exchange of Livestock
     02-0426-1901* Proposed Rulemaking (New Chapter, Fee Rule), Bulletin Vol. 19-11
       (*Rulemaking combines previously codified chapters 02.04.26 and 02.04.28 into this new chapter)
     02-0426-1901* Adoption of Pending Fee Rule (New Chapter), Bulletin Vol. 20-1 (PLR 2020)
02.04.28, Rules Governing Livestock Dealers, Buying Stations, and Livestock Trader Lots
     02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9
       (*Combines previously codified chapter 02.04.28 into new chapter 02.04.26 - see above entry)
02.04.30, Rules Governing Nutrient Management
    02-0430-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-6
    02-0430-1902 Adoption of Temporary Rule, Bulletin Vol. 19-7 (eff. 7-1-19)T
     02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9
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(*Combines previously codified chapter 02.04.30 into new chapter 02.04.30 - see next entry)

02.04.30, Rules Governing Environmental and Nutrient Management

02-0430-1903* Proposed Rulemaking (New Chapter), Bulletin Vol. 19-11

(*Rulemaking combines previously codified chapters 02.04.16, 02.04.18, 02.04.30 and 02.04.31 into this new chapter)

02-0430-1903* Adoption of Pending Rule (New Chapter), Bulletin Vol. 20-1 (PLR 2020)

02.04.31, Rules Governing the Stockpiling of Agricultural Waste

02-0431-1901 Adoption of Temporary Rule, Bulletin Vol. 19-7 (eff. 7-1-19)T

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9

(*Combines previously codified chapter **02.04.31** into new chapter **02.04.30** - see above entry)

02.04.32, Rules Governing Poultry Operations

02-0432-1901 Adoption of Temporary Rule, Bulletin Vol. 19-7 (eff. 7-1-19)T

02-0432-1901 Proposed Rulemaking (Fee Rule), Bulletin Vol. 19-9

02-0432-1901 Adoption of Pending Fee Rule, Bulletin Vol. 19-11 (PLR 2020)

02.06.01, Rules Governing the Pure Seed Law

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9

(*Combines previously codified chapter **02.06.01** into new chapter **02.06.01** - see next entry)

02.06.01, Rules Governing the Production and Distribution of Seed

02-0601-1901* Proposed Rulemaking (New Chapter, Fee Rule), Bulletin Vol. 19-11

(*Rulemaking combines previously codified chapters 02.06.01, 02.06.13 and 02.06.14 into this new chapter)

02-0601-1901* Adoption of Pending Fee Rule (New Chapter), Bulletin Vol. 20-1 (PLR 2020)

02.06.02, Rules Pertaining to the Idaho Commercial Feed Law

02-0602-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-6

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9

(*Combines previously codified chapter 02.06.02 into new chapter 02.06.02 - see next entry)

02.06.02, Rules Governing Registrations and Licenses

02-0602-1902* Proposed Rulemaking (New Chapter, Fee Rule), Bulletin Vol. 19-11

(*Rulemaking combines previously codified chapters 02.06.02, 02.06.03, 02.06.12, 02.06.31 and 02.06.41 into this new chapter)

02-0602-1902* Adoption of Pending Fee Rule (New Chapter), Bulletin Vol. 20-1 (PLR 2020)

02.06.03, Rules Pertaining to the Idaho Nurseries and Florists Law

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9

(*Combines previously codified chapter 02.06.03 into new chapter 02.06.02 - see above entry)

02.06.04, Phytosanitary and Post-Entry Certification Rules

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9

(*Combines previously codified chapter **02.06.04** into new chapter **02.06.04** - see next entry)

02.06.04, Rules Governing Plant Exports

02-0604-1901* Proposed Rulemaking (New Chapter, Fee Rule), Bulletin Vol. 19-11

(*Rulemaking combines previously codified chapters 02.06.04, 02.06.34, and 02.06.40 into this new chapter)

02-0604-1901* Adoption of Pending Fee Rule (New Chapter), Bulletin Vol. 20-1 (PLR 2020)

02.06.05, Rules Governing Diseases of Hops (Humulus lupulus)

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9

(*Combines previously codified chapter 02.06.05 into new chapter 02.06.05 - see next entry)

02.06.05, Rules Governing Plant Disease and Quarantines

02-0605-1901* Proposed Rulemaking (New Chapter, Fee Rule), Bulletin Vol. 19-11

(*Rulemaking combines previously codified chapters 02.06.05, 02.06.07, 02.06.08, 02.06.11, 02.06.15, 02.06.17, 02.06.18, 02.06.20, 02.06.24, 20.06.32 and 02.06.38 into this new chapter)

02-0605-1901* Adoption of Pending Fee Rule (New Chapter), Bulletin Vol. 20-1 (PLR 2020)

02.06.07, Rules Governing White Rot Disease of Onion (Sclerotium cepivorum)

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter **02.06.07** into new chapter **02.06.05** - see above entry)

02.06.08, Quarantine Rules Pertaining to Apples and Cherries

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter **02.06.08** into new chapter **02.06.05**)

02.06.09, Rules Governing Invasive Species

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter **02.06.09** into new chapter **02.06.09** - see next entry)

02.06.09, Rules Governing Invasive Species and Noxious Weeds

02-0609-1901* Proposed Rulemaking (New Chapter, Fee Rule), Bulletin Vol. 19-11
(*Rulemaking combines previously codified chapters 02.06.09, 02.06.22, and 02.06.39 into this new chapter)
02-0609-1901* Adoption of Pending Fee Rule (New Chapter), Bulletin Vol. 20-1 (PLR 2020)

02.06.10, Rules Governing the Pale Cyst Nematode (Globodera pallida)

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter **02.06.10** into new chapter **02.06.10** - see next entry)

02.06.10, Rules Governing the Growing of Potatoes

02-0610-1901* Proposed Rulemaking (New Chapter, Fee Rule), Bulletin Vol. 19-11
(*Rulemaking combines previously codified chapters 02.06.10, 02.06.26, 02.06.27 and 02.06.31 into this new chapter)
02-0610-1901* Adoption of Pending Fee Rule (New Chapter), Bulletin Vol. 20-1 (PLR 2020)

02.06.11, Rules Governing European Corn Borer (Ostrinia nubilalis)

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter **02.06.11** into new chapter **02.06.05**)

02.06.12, Rules Pertaining to the Idaho Fertilizer Law

02-0612-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-6
 02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9
 (*Combines previously codified chapter 02.06.12 into new chapter 02.06.02)

02.06.13, Rules Relating to Rapeseed Production and Establishment of Rapeseed Districts in the State of Idaho

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter 02.06.13 into new chapter 02.06.01)

02.06.14, Rules Governing Annual Bluegrass (Poa annua)

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter 02.06.14 into new chapter 02.06.01)

02.06.15, Rules Governing Peach Tree Diseases

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter 02.06.15 into new chapter 02.06.05)

02.06.16, Rules Governing Honey Standards

02-0616-1900 Rules Governing Honey Standards - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking - Reauthorizes Title 06, Chapter 16 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

02-0616-1900 Rules Governing Honey Standards - Notice of Omnibus Rulemaking - Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

02.06.17, Rules Governing the Disposal of Cull Onions and Potatoes

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter 02.06.17 into new chapter 02.06.05)

02.06.18, Rules Governing Mint Rootstock and Clone Production

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter 02.06.18 into new chapter 02.06.05)

02.06.20, Rules Governing Grape Planting Stock

02-0620-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-8
 02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9
 (*Combines previously codified chapter 02.06.20 into new chapter 02.06.05)

02.06.22, Noxious Weed Rules

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter 02.06.22 into new chapter 02.06.09)

02.06.24, Rules Governing the Japanese Beetle (Popillia japonica)

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter 02.06.24 into new chapter 02.06.05)

02.06.26, Rules Concerning Seed Potato Crop Management Areas

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter 02.06.26 into new chapter 02.06.10)

02.06.27, Rules Governing Bacterial Ring Rot Caused By (Clavibacter michiganensis subsp. sepedonicus) of Potato

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter 02.06.27 into new chapter 02.06.10)

02.06.30, Rules Under the Idaho Bee Inspection Law

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter 02.06.30 into new chapter 02.06.02)

02.06.31, Noxious Weed Free Forage and Straw Certification Rules

02-0631-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-6
 02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9
 (*Combines previously codified chapter 02.06.31 into new chapter 02.06.09)

02.06.32, Rules Concerning the Anthracnose Disease of Lentil (lens culinaris medik)

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter 02.06.32 into new chapter 02.06.05)

02.06.34, Rules Concerning Virus-Free Certification of Nursery Stock

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter **02.06.34** into new chapter **02.06.04**)

02.06.38, Rules Governing Plum Curculio (Conotrachelus nenuphar)

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter 02.06.38 into new chapter 02.06.05)

02.06.39, Rules Governing Minimum Standards for Planting Uncertified Seed Potatoes in Idaho

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9

Office of the Administrative Rules Coordinator

Cumulative Rulemaking Index (Abridged Index) of Active Rulemakings

(*Combines previously codified chapter 02.06.39 into new chapter 02.06.10)

02.06.40, Rules Governing Ginseng Export

02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9 (*Combines previously codified chapter 02.06.40 into new chapter 02.06.04)

02.06.41, Rules Pertaining to the Idaho Soil and Plant Amendment Act of 2001

02-0641-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-6
 02-0100-1901OM Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-9
 (*Combines previously codified chapter 02.06.41 into new chapter 02.06.02)

02.07.01, Rules of the Idaho Hop Growers' Commission

02-0701-1900F Rules of the Idaho Hop Growers Commission - Notice of Omnibus Rulemaking - Temporary and Proposed Fee Rulemaking - Reauthorizes Title 07, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

02-0701-1900F Rules of the Idaho Hop Growers Commission - Notice of Omnibus Rulemaking - Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

02.08.01, Sheep and Goat Rules of the Idaho Board of Sheep Commissioners

02-0801-1900F Rules of the Idaho Sheep and Goat Health Board - Notice of Omnibus Fee Rulemaking - Temporary and Proposed Fee Rulemaking - Reauthorizes Title 08, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

02-0801-1900F Rules of the Idaho Sheep and Goat Health Board - Notice of Omnibus Rulemaking - Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

STATE ATHLETIC COMMISSION

(Moved and Re-designated) - Rules of the State Athletic Commissions (This chapter has been re-designated from IDAPA 03.01.01 to IDAPA 24.02.01 under the Bureau of Occupational Licenses - See IDAPA 24 in this Index.)

IDAPA 04 -- OFFICE OF THE ATTORNEY GENERAL

04-0000-1900 Rules of the Attorney General - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking - Reauthorizes Title 02, Chapter 01; Title 11, Chapter 01; Title 12, Chapter 01; Title 20, Chapter 01 - Bulletin Vol. 19-6SE (eff. 6-30-19)T

04-0000-1900 Rules of the Attorney General - Notice of Omnibus Rulemaking - Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

04-0000-1900F Rules of the Attorney General - Notice of Omnibus Rulemaking - Temporary and Proposed Fee Rulemaking - Reauthorizes Title 02, Chapter 02 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

04-0000-1900F Rules of the Attorney General - Notice of Omnibus Rulemaking - Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 05 -- DEPARTMENT OF JUVENILE CORRECTIONS

05-0000-1900 Rules of the Department of Juvenile Corrections - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking - Reauthorizes Title 01, Chapters 02-04; Title 02, Chapters 01-03 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

05-0000-1900 Rules of the Department of Juvenile Corrections - Notice of Omnibus Rulemaking - Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

05.01.04, Uniform Standards for Juvenile Probation Services

05-0104-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-8

IDAPA 06 -- STATE BOARD OF CORRECTION

06-0000-1900 Rules of the State Board of Correction - Omnibus Notice of Proclamation of Rulemaking - Reauthorizes Title 01, Chapters 01-02; Title 02, Chapters 01-02 -- Bulletin Vol. 19-6SE (eff. 6-30-19)

06.02.02, Rules Governing Establishment and Operation of a Limited Supervision Unit by the Department of Correction, Division of Probation and Parole

06-0202-1901 Notice of Proclamation of Rulemaking, Bulletin Vol. 19-10 (eff. 11-1-19)

IDAPA 07 – DIVISION OF BUILDING SAFETY

07-0000-1900* Rules of the Division of Building Safety - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking - Reauthorizes Title 01, Chapters 01, 04-08, 10; Title 02, Chapters 04-06; Title 03, Chapters 09, 13; Title 04, Chapter 01; Title 06, Chapter 01; Title 08, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

(*Rulemaking combines Title 08, Chapters 02-17 into 07.08.01

07-0000-1900 Rules of the Division of Building Safety - Notice of Omnibus Rulemaking - Notice of Public Hearing, Bulletin Vol. 19-9
 07-0000-1900 Rules of the Division of Building Safety - Notice of Omnibus Rulemaking - Adoption of Pending Rule,
 Bulletin Vol. 19-11SE (PLR 2020)

07-0000-1900F Rules of the Division of Building Safety - Notice of Omnibus Rulemaking - Temporary and Proposed Fee Rulemaking, Reauthorizes Title 01, Chapters 02-03, 11; Title 02, Chapters 02-03, 07; Title 03, Chapters 01, 03, 11-12; Title 04, Chapter 02; Title 05, Chapter 01; Title 07, Chapter 01; Title 10, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

07-0000-1900F Rules of the Division of Building Safety - Notice of Omnibus Fee Rulemaking - Notice of Public Hearing, Bulletin Vol. 19-9

07-0000-1900F Rules of the Division of Building Safety - Notice of Omnibus Rulemaking - Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

07.01.01, Rules of the Idaho Electrical Board

07-0101-1901* Proposed Rulemaking (New Chapter - Rule Consolidation), Bulletin Vol. 19-9 (*This rulemaking consolidates all rules previously promulgated under Title 01, Chapters 01-11)

07-0101-1901* Adoption of Pending Rule (New Chapter - Rule Consolidation), Bulletin Vol. 19-12 (PLR 2020)

07.01.03, Rules of Electrical Licensing and Registration – General

07-0103-1901* Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-5 (Terminated) (*Rulemaking has been included in the newly consolidated rule chapter under Docket 07-0101-1901)

07.02.02, Rules Governing Plumbing Permits

07-0202-1901* Proposed Fee Rulemaking, Bulletin Vol. 19-7

(*This rulemaking consolidates provisions from IDAPA 07.02.03, 07.02.04, and 07.02.07 into this chapter)

07-0202-1901* Notice of Vacation of Proposed Fee Rulemaking, Bulletin Vol. 19-10

07.02.03, Rules Governing Permit Fee Schedule

07-0203-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-5

07-0203-1902 Proposed Rulemaking (Chapter Repeal), Bulletin Vol. 19-7

07-0203-1902 Notice of Vacation of Proposed Rulemaking, Bulletin Vol. 19-10

07.02.04, Rules Governing Plumbing Safety Inspections

07-0204-1901 Proposed Rulemaking (Chapter Repeal), Bulletin Vol. 19-7

07-0204-1901 Notice of Vacation of Proposed Rulemaking, Bulletin Vol. 19-10

07.02.05, Rules Governing Plumbing Safety Licensing

07-0205-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-5

07-0205-1901 Proposed Rulemaking, Bulletin Vol. 19-7

07-0205-1901 Notice of Vacation of Proposed Rulemaking, Bulletin Vol. 19-10

07.02.07, Rules Governing Civil Penalties

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07-0207-1901 Proposed Rulemaking (Chapter Repeal), Bulletin Vol. 19-7
     07-0207-1901 Notice of Vacation of Proposed Rulemaking, Bulletin Vol. 19-10
07.03.01. Rules of Building Safety
    07-0301-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-6
    07-0301-1901 Proposed Rulemaking, Bulletin Vol. 19-10
     07-0301-1901 Adoption of Pending Rule, Bulletin Vol. 19-12 (PLR 2020)
07.03.12, Rules Governing Manufactured or Mobile Home Installations
     07-0312-1901* Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-7 (*Rulemaking has been terminated)
07.05.01, Rules of the Public Works Contractors License Board
     07-0501-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-5
     07-0501-1901 Temporary and Proposed Rulemaking, Bulletin Vol. 19-9 (eff. 7-15-19)T
     07-0501-1901 Adoption of Pending Rule, Bulletin Vol. 19-12 (PLR 2020)
07.07.01, Rules Governing Installation of Heating, Ventilation, and Air Conditioning Systems
     07-0701-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-5
    07-0701-1901 Proposed Rulemaking, Bulletin Vol. 19-7
     07-0701-1902 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-7
    07-0701-1902 Proposed Rulemaking (Fee Rule), Bulletin Vol. 19-9
    07-0701-1901 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
    07-0701-1902 Adoption of Pending Fee Rule, Bulletin Vol. 20-1 (PLR 2020)
07.08.01, Idaho Minimum Safety Standards and Practices for Logging
     07-0801-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-6
     07-0801-1901 Proposed Rulemaking, Bulletin Vol. 19-10
     07-0801-1901 Adoption of Pending Rule, Bulletin Vol. 19-12 (PLR 2020)
07.11.01, Rules of the Division of Building Safety
     07-1101-1901 Proposed Rulemaking (New Chapter), Bulletin Vol. 19-9
     07-1101-1901 Adoption of Pending Rule (New Chapter), Bulletin Vol. 19-12 (PLR 2020)
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IDAPA 08 – IDAHO STATE BOARD OF EDUCATION AND STATE DEPARTMENT OF EDUCATION

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    08-0000-1900 Rules of the State Board of Education and the Department of Education - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking - Reauthorizes Title 01, Chapters 02, 10, 11, 13; Title 02, Chapters 01-05; Title 03, Chapter 01; Title 04, Chapter 01; Title 05, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
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08-0000-1900 Rules of the State Board of Education and the Department of Education - Notice of Public Hearing, Bulletin Vol. 19-8
 08-0000-1900 Rules of the State Board of Education and the Department of Education - Notice of Public Hearing, Bulletin Vol. 19-10
 08-0000-1900 Rules of the State Board of Education and the Department of Education - Notice of Omnibus Rulemaking - Adoption of Pending Fee Rule, Bulletin Vol. 20-1 (PLR 2020)

08-0000-1900F Rules of the State Board of Education and the Department of Education - Notice of Omnibus Rulemaking - Temporary and Proposed Fee Rulemaking - Reauthorizes Title 01, Chapter 11, Sections 200 and 300 only; Title 02, Chapter 02, Sections 066 and 075 only; Title 02, Chapter 03, Section 128 only -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

08-0000-1900F Rules of the State Board of Education and the Department of Education - Notice of Omnibus Rulemaking - Adoption of Pending Fee Rule, Bulletin Vol. 20-1 (PLR 2020)

08.01.13, Rules Governing the Idaho Opportunity Scholarship Program

- 08-0113-1901 Notice of Intent to Promulgate a Rule Negotiated Rulemaking, Bulletin Vol. 19-7
 08-0113-1901 Temporary and Proposed Rulemaking, Bulletin Vol. 19-10 (eff. 8-29-19)T
- **08-0113-1901** Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)

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08.02.01, Rules Governing Administration
     08-0201-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-7
     08-0201-1902 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-7
     08-0201-1902 Proposed Rulemaking, Bulletin Vol. 19-10
     08-0201-1903 Notice of Adoption of Temporary Rule, Bulletin Vol. 19-12 (eff. 10-17-19)T
     08-0201-1902 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
08.02.02, Rules Governing Uniformity
     08-0202-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-3
     08-0202-1902 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-3
     08-0202-1903 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-7
     08-0202-1902 Proposed Rulemaking, Bulletin Vol. 19-8
                    Proposed Rulemaking, Bulletin Vol. 19-10
     08-0202-1901
     08-0202-1903
                    Proposed Rulemaking, Bulletin Vol. 19-10
                    Adoption of Pending Rule, Bulletin Vol. 19-12 (PLR 2020)
     08-0202-1902
     08-0202-1901 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
     08-0202-1903 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
08.02.03, Rules Governing Thoroughness
     08-0203-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-7
     08-0203-1902 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-7
     08-0203-1903 Temporary and Proposed Rulemaking, Bulletin Vol. 19-8 (eff. 7-1-19)T
     08-0203-1901 Proposed Rulemaking, Bulletin Vol. 19-10
     08-0203-1902 Proposed Rulemaking, Bulletin Vol. 19-10
     08-0203-1903
                    Adoption of Pending Rule, Bulletin Vol. 19-12 (PLR 2020)
     08-0203-1901
                    Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
     08-0203-1902
                    Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
08.02.04, Rules Governing Public Charter Schools
     08-0204-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-7
     08-0204-1901
                   Proposed Rulemaking, Bulletin Vol. 19-10
     08-0204-1901 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
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IDAPA 09 – IDAHO DEPARTMENT OF LABOR

09-0000-1900 Rules of the Idaho Department of Labor - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking - Reauthorizes Title 01, Chapters 01, 08, 30, 35, 60; Title 02, Chapter 01; Title 05, Chapter 03 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
 09-0000-1900 Rules of the Idaho Department of Labor - Notice of Omnibus Rulemaking - Adoption of Pending Rule,
 Bulletin Vol. 19-11SE (PLR 2020)

09.01.30, Unemployment Insurance Benefits Administration Rules

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09-0130-1901*Notice of Adoption of Temporary Rule, Bulletin Vol. 19-3 (eff. 3-6-19)T (*Temporary rule expired 7-1-19)09-0130-1902Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-509-0130-1902*2nd Filing - Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-709-0130-1903*2nd Filing - Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-709-0130-19022nd Filing - Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-709-0130-1903Proposed Rulemaking, Bulletin Vol. 19-909-0130-1904Adoption of Pending Rule, Bulletin Vol. 19-11 (PLR 2020)09-0130-1903Adoption of Pending Rule, Bulletin Vol. 19-11 (PLR 2020)
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IDAPA 10 – IDAHO BOARD OF LICENSURE OF PROFESSIONAL ENGINEERS AND PROFESSIONAL LAND SURVEYORS

- 10-0000-1900F Rules of the Board of Professional Engineers and Professional Land Surveyors Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking Reauthorizes Title 01, Chapters 01-04 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 10-0000-1900F Rules of the Board of Professional Engineers and Professional Land Surveyors Notice of Public Hearing, Bulletin Vol. 19-8
- 10-0000-1900F Rules of the Board of Professional Engineers and Professional Land Surveyors Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

10.01.01, Rules of Procedure

10-0101-1901 Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-6

10.01.04, Rules of Continuing Professional Development

10-0104-1901 Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-6

10.01.05, Rules for Military or Veterans Licensure

10-0105-1901 Notice of Intent to Promulgate Rules - Negotiated Rulemaking (New Chapter), Bulletin Vol. 19-6

IDAPA 11 – IDAHO STATE POLICE

- 11-0000-1900 Rules of the Idaho State Police Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking Reauthorizes Title 03, Chapter 01; Title 06, Chapter 01; Title 07, Chapters 01-03; Title 10, Chapter 03; Title 13, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 11-0000-1900 Rules of the Idaho State Police Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 11-0000-1900F Rules of the Idaho State Police Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking Reauthorizes Title 05, Chapter 01; Title 10, Chapter 02 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 11-0000-1900F Rules of the Idaho State Police Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 11-0200-1900F Rules of the Idaho State Brand Board Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking Reauthorizes Title 02, Chapters 01-02 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 11-0200-1900F Rules of the Idaho State Brand Board Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 11-0400-1900 Rules of the Idaho State Racing Commission Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking Reauthorizes Title 04, Chapters 04, 06, 08-10, 13-14 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 11-0400-1900 Rules of the Idaho State Racing Commission Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 11-0400-1900F Rules of the Idaho State Racing Commission Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking Reauthorizes Title 04, Chapters 02, 03, 05, 07, 11, 15 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 11-0400-1900F Rules of the Idaho State Racing Commission Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 11-1001-1900F *Idaho Public Safety and Public Information Systems* Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking, Reauthorizes **Title 10**, Chapter 01, Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 11-1001-1900F Idaho Public Safety and Public Information Systems Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 11-1101-1900F* Rules of the Peace Officer Standards and Training Council Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking, Reauthorizes Title 11, Chapter 01, Bulletin Vol. 19-6SE (eff. 6-30-19)T

*(Reauthorization combines previous chapters 11.02, 11.03, 11.04, 11.05, and 11.06 into Title 11, Chapter 01)

11-1101-1900F Rules of the Peace Officer Standards and Training Council - Notice of Omnibus Rulemaking - Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

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11-0200-1900F Rules of the Idaho State Brand Board - Notice of Omnibus Rulemaking - Temporary and Proposed Fee Rulemaking - Reauthorizes Title 02, Chapters 01-02 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

11-0200-1900F Rules of the Idaho State Brand Board - Notice of Omnibus Rulemaking - Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

11.02.01, Rules of the Idaho State Brand Board

11-0201-1901 Adoption of Temporary Rule, Bulletin Vol. 19-6 (eff. 7-1-19)T

11-0201-1902 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-7

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11-0000-1900 Rules of the Idaho State Police - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking - Reauthorizes Title 03, Chapter 01; Title 06, Chapter 01; Title 07, Chapters 01-03; Title 13, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

11-0000-1900 Rules of the Idaho State Police - Notice of Omnibus Rulemaking - Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

11.03.01, Rules Governing Alcohol Testing

11-0301-1801 Adoption of Temporary Rule, Bulletin Vol. 18-1 (eff. 12-14-17)T

11-0301-1801 OARC Omnibus Notice of Legislative Action-Extension of Temporary Rule - SCR150, Bulletin Vol. 18-5 (eff. 10-2-17)T

11-0301-1801 OARC Omnibus Notice of Legislative Action-Extension of Temporary Rule - SCR113, Bulletin Vol. 19-5 (eff. 12-14-19)T

11-0301-1901 Proposed Rulemaking, Bulletin Vol. 19-11

11-0301-1901 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)

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11-0400-1900 Rules of the Idaho State Racing Commission - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking - Reauthorizes Title 04, Chapters 04, 06, 08-10, 13-14 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

11-0400-1900 Rules of the Idaho State Racing Commission - Notice of Omnibus Rulemaking - Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

11-0400-1900F Rules of the Idaho State Racing Commission - Notice of Omnibus Rulemaking - Temporary and Proposed Fee Rulemaking - Reauthorizes Title 04, Chapters 02, 03, 05, 07, 11, 15 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

11-0400-1900F Rules of the Idaho State Racing Commission - Notice of Omnibus Rulemaking - Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

11.04.03, Rules Governing Licensing and Fees

11-0403-1801 Adoption of Temporary Rule, Bulletin Vol. 18-11 (eff. 9-17-18)T

11-0403-1801 OARC Omnibus Notice of Legislative Action-Extension of Temporary Rule by SCR 114, Bulletin Vol. 19-5 (eff. 9-17-18)T

11.04.11, Rules Governing Equine Veterinary Practices, Permitted Medications, Banned Substances and Drug Testing of Horses

11-0411-1801* Notice of Intent to Promulgate Rules – Negotiated Rulemaking, Bulletin Vol. 18-3 (*Rulemaking terminated by agency)

11-0411-1802 Adoption of Temporary Rule, Bulletin Vol. 18-11 (eff. 9-17-18)T

11-0411-1802 OARC Omnibus Notice of Legislative Action-Extension of Temporary Rule by SCR 114, Bulletin Vol. 19-5 (eff. 9-17-18)T

11-0000-1900 Rules of the Idaho State Police - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking - Reauthorizes Title 03, Chapter 01; Title 06, Chapter 01; Title 07, Chapters 01-03; Title 10, Chapter 03; Title 13, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

11-0000-1900 Rules of the Idaho State Police - Notice of Omnibus Rulemaking - Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

11.06.01, Rules Governing Civil Asset Forfeiture Reporting

11-0601-1901 Notice of Adoption of Temporary Rule, Bulletin Vol. 19-3 (eff. 2-7-19)T (Expired 6-30-19) (See entry above)

11.08.01, Rules Governing Hemp Transportation

11-0801-2001 Adoption of Temporary Rule (New Chapter), Bulletin Vol. 20-1 (eff. 11-19-19)T 11-0801-2002 Adoption of Temporary Rule (New Chapter), Bulletin Vol. 20-4 (eff. 3-20-20)T

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- 11-0000-1900 Rules of the Idaho State Police Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking Reauthorizes Title 03, Chapter 01; Title 06, Chapter 01; Title 07, Chapters 01-03; Title 10, Chapter 03; Title 13, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 11-0000-1900 Rules of the Idaho State Police Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 11-0000-1900F Rules of the Idaho State Police Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking Reauthorizes Title 05, Chapter 01; Title 10, Chapter 02 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 11-0000-1900F Rules of the Idaho State Police Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 11-1001-1900F *Idaho Public Safety and Public Information Systems* Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking, Reauthorizes Title 10, Chapter 01, Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 11-1001-1900F Idaho Public Safety and Public Information Systems Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

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11-1002-1901 Adoption of Temporary Rule, Bulletin Vol. 19-3 (eff. 2-5-19)T (Expired)

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- 11-1101-1900F Rules of the Peace Officer Standards and Training Council Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking, Reauthorizes Title 11, Chapter 01, Bulletin Vol. 19-6SE (eff. 6-30-19)T
- *(Reauthorization combines previous chapters 11.02, 11.03, 11.04, 11.05, and 11.06 into Chapter 11.01)
- 11-1101-1900F Rules of the Peace Officer Standards and Training Council Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

11.11.01, Rules of the Idaho Peace Officer Standards and Training Council

11-1101-1901 Adoption of Temporary Rule, Bulletin Vol. 19-4 (eff. 3-14-19)T (Expired)

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- 12-0000-1900 Rules of the Department of Finance Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)
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- 12-0000-1900F Rules of the Department of Finance Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

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Idaho Commission On Aging

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15-0100-1900 Notice of Omnibus Rulemaking - Notice of Public Hearing, Bulletin Vol. 19-9

15-0100-1900 Rules of the Idaho Commission on Aging - Notice of Omnibus Rulemaking - Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

Idaho Commission for the Blind and Visually Impaired

15-0200-1900 Rules of the Idaho Commission for the Blind and Visually Impaired - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking, Reauthorizes Title 02, Chapters 02-04, 30 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

15-0200-1900 Rules of the Idaho Commission for the Blind and Visually Impaired - Notice of Omnibus Rulemaking - Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

Idaho Forest Products Commission

15-0300-1900F Rules of the Idaho Forest Products Commission - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking, Reauthorizes Title 03, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

15-0300-1900F Rules of the Idaho Forest Products Commission - Notice of Omnibus Rulemaking - Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

Division of Human Resources and Personnel Commission

15-0400-1900 Rules of the Division of Human Resources and Personnel Commission - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking, Reauthorizes Title 04, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

15-0400-1900 Rules of the Division of Human Resources and Personnel Commission - Notice of Omnibus Rulemaking - Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

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15-0401-2001 Adoption of Temporary Rule, Bulletin Vol. 20-4 (eff. 3-25-20)T

Idaho Military Division

15-0600-1900 Rules of the Idaho Military Division - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking, Reauthorizes Title 06, Chapters 01-02, 04-06 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

15-0600-1900 Rules of the Idaho Military Division - Notice of Omnibus Rulemaking - Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

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15-1000-1900F Rules of the Idaho State Liquor Division - Notice of Omnibus Rulemaking - Temporary and Proposed Fee Rulemaking, Reauthorizes Title 10, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

15-1000-1900F Rules of the Idaho State Liquor Division - Notice of Omnibus Rulemaking - Adoption of Fee Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

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16-0000-1900 Rules of the Department of Health and Welfare - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking, Reauthorizes Title 01, Chapters 01-06, 12; Title 02, Chapters 02, 06, 10-12, 15, 19, 23-24; Title 03, Chapters 01-02, 04-11, 13-14, 17, 20-21, 23-25; Title 04, Chapters 10, 13-14, 16-17; Title 05, Chapters 01, 03-04, 07; Title 06, Chapters 05, 12-13; Title 07, Chapters 17, 19, 25, 33, 37, 39 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T 16-0000-1900 Rules of the Department of Health and Welfare - Notice of Public Hearing, Bulletin 19-8 16-0000-1900 Rules of the Department of Health and Welfare - Notice of Omnibus Rulemaking - Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020) 16-0000-1900F Rules of the Department of Health and Welfare - Notice of Omnibus Rulemaking - Temporary and Proposed Fee Rulemaking, Reauthorizes Title 01, Chapter 07; Title 02, Chapters 01, 08, 13-14, 25-27; Title 03, Chapters 03, 18, 19, 22; Title 04, Chapters 07, 08; Title 05, Chapter 06; Title 06, Chapters 01-02; Title 07, Chapters 01, 15 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T 16-0000-1900F Rules of the Department of Health and Welfare - Notice of Public Hearing, Bulletin 19-8 16-0000-1900F Rules of the Department of Health and Welfare - Notice of Omnibus Rulemaking - Adoption of Fee Pending Rule, Bulletin Vol. 19-11SE (PLR 2020) 16.01.02, Emergency Medical Services (EMS) - Rule Definitions 16-0102-1901 Proposed Rulemaking, Bulletin Vol. 19-9 16-0102-1901 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020) 16.01.03, Emergency Medical Services (EMS) – Agency Licensing Requirements 16-0103-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-5 16-0103-1901 Proposed Rulemaking, Bulletin Vol. 19-9 **16-0103-1901** Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020) 16.01.07, Emergency Medical Services (EMS) – Personnel Licensing Requirements 16-0107-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-5 16-0107-1901 Proposed Rulemaking, Bulletin Vol. 19-9 **16-0107-1901** Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020) 16.02.01, Rules of the Idaho Time Sensitive Emergency System Council 16-0201-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-7 **16-0201-1901** Proposed Rulemaking, Bulletin Vol. 19-10 **16-0201-1901** Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020) 16.02.02, Rules of the Idaho Emergency Medical Services (EMS) Physician Commission **16-0202-1901** Proposed Rulemaking, Bulletin Vol. 19-10 **16-0202-1901** Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020) 16.02.04, Syringe and Needle Exchange Program 16-0204-1901 Notice of Intent to Promulgate Rules - Negotiated Rulemaking (New Chapter), Bulletin Vol. 19-6 16.02.08, Vital Statistics Rules (Rule Null and Void) 16-0208-1901 Temporary and Proposed Rulemaking, Bulletin Vol. 19-7 (eff. 7-1-19)T 16-0208-1901 Notice of Public Hearing, Bulletin 19-9 16-0208-1901 Notice of Rescission of Temporary Rule and Vacation of Proposed Rulemaking, Bulletin Vol. 20-1 (eff. 11-14-19) 16.02.14, Rules Governing Construction and Operation of Public Swimming Pools in Idaho

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- 17-0000-1900 Rules of the Idaho Industrial Commission Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking, Reauthorizes Title 10, Chapter 01; Title 11, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 17-0000-1900 Rules of the Idaho Industrial Commission Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 17-0000-1900F Rules of the Idaho Industrial Commission Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking, Reauthorizes Title 01, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 17-0000-1900F Rules of the Idaho Industrial Commission Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

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- 18-0000-1900* Rules of the Idaho Department of Insurance Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking, Reauthorizes and Re-designates Title 01, Chapter 01; Title 02, Chapters 01-03; Title 03, Chapters 01-05; Title 04, Chapters 01-15; Title 05, Chapters 01-03; Title 06, Chapters 01-06; Title 07, Chapters 01-12; Title 08, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 18-0000-1900* Rules of the Idaho Department of Insurance Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 18-0000-1900F* Rules of the Idaho Department of Insurance Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking, Reauthorizes and Re-designates Title 01, Chapter 02; Title 08, Chapter 02 --- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 18-0000-1900F* Rules of the Idaho Department of Insurance Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

*These chapters indexed under IDAPA 18 are re-designated with new Title and Chapter numbers as follows:

New Designation [Old Designation]: 18.01.01 [18.01.48]; 18.01.02 [18.01.44]; 18.02.01 [18.01.19]; 18.02.02 [18.01.20]; 18.02.03 [18.01.34]; 18.03.01 [18.01.09]; 18.03.02 [18.01.13]; 18.03.03 [18.01.16]; 18.03.04 [18.01.41]; 18.03.05 [18.01.61]; 18.04.01 [18.01.05]; 18.04.02 [18.01.06]; 18.04.03 [18.01.24]; 18.04.04 [18.01.26]; 18.04.05 [18.01.27]; 18.04.06 [18.01.28]; 18.04.07 [18.01.29]; 18.04.08 [18.01.30]; 18.04.09 [18.01.31]; 18.04.10 [18.01.54]; 18.04.11 [18.01.60]; 18.4.12 [18.01.69]; 18.04.13 [18.01.70]; 18.04.14 [18.01.72]; 18.04.15 [18.01.77]; 18.05.01 [18.01.01]; 18.05.02 [18.01.25]; 18.05.03 [18.01.56]; 18.06.01 [18.01.04]; 18.06.02 [18.01.10]; 18.06.03 [18.01.52]; 18.06.04 [18.01.53]; 18.06.05 [18.01.64]; 18.06.06 [18.01.65]; 18.07.01 [18.01.23]; 18.07.02 [18.01.46]; 18.07.03 [18.01.47]; 18.07.04 [18.01.62]; 18.07.05 [18.01.66]; 18.07.06 [18.01.67]; 18.07.07 [18.01.68]; 18.07.08 [18.01.75]; 18.07.09 [18.01.76]; 18.07.10 [18.01.77]; 18.07.11 [18.01.78]; 18.07.12 [18.01.81]; 18.08.01 [18.01.50]; 18.08.02 [18.01.49]

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- 18-0408-1901 Notice of Intent to Promulgate a Rule Negotiated Rulemaking, Bulletin Vol. 19-8
- **18-0408-1901** Proposed Rulemaking, Bulletin Vol. 19-10
- **18-0408-1901** Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)

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- 18-0416-1901 Notice of Intent to Promulgate a Rule Negotiated Rulemaking (New Chapter), Bulletin Vol. 19-7
- 18-0416-1902 Adoption of Temporary Rule (New Chapter), Bulletin Vol. 19-8 (eff. 7-1-19)T
- 18-0416-1901 Proposed Rulemaking (New Chapter), Bulletin Vol. 19-10
- 18-0416-1901 Adoption of Pending Rule (New Chapter), Bulletin Vol. 20-1 (PLR 2020)

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- 27-0000-1900F Rules of the Idaho Board of Pharmacy Notice of Public Hearing (Omnibus Fee Rulemaking), Bulletin 19-8
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- 28-0000-1900 Rules of the Idaho Department of Commerce Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking, Reauthorizes Title 02, Chapter 03-05, 07; Titles 03, Chapter 01; Title 04, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 28-0000-1900 Rules of the Idaho Department of Commerce Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 29 – IDAHO POTATO COMMISSION

- 29-0000-1900 Rules of the Idaho Potato Commission Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking, Reauthorizes Title 01. Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 29-0000-1900 Rules of the Idaho Potato Commission Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 30 – IDAHO COMMISSION FOR LIBRARIES

- 30-0101-1900 Rules of the Idaho Commission for Libraries Governing the Use of Commission Services Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking, Reauthorizes Title 01, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 30-0101-1900 Rules of the Idaho Commission for Libraries Governing the Use of Commission Services Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 31 – PUBLIC UTILITIES COMMISSION

- 31-0000-1900 Rules of the Idaho Public Utilities Commission Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking, Reauthorizes Title 01, Chapter 01; Title 11, Chapter 01; Title 12, Chapter 01; Title 21, Chapter 01; Title 26, Chapter 01; Title 31, Chapter 01; Title 36, Chapter 01; Title 41, Chapter 01; Title 46, Chapters 01-02; Title 51, Chapter 01; Title 61, Chapter 01; Title 71, Chapters 01, 03; Title 81, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 31-0000-1900 Rules of the Idaho Public Utilities Commission Notice of Public Hearing (Omnibus Rulemaking), Bulletin 19-8
- 31-0000-1900 Rules of the Idaho Public Utilities Commission Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 32 - ENDOWMENT FUND INVESTMENT BOARD

- 32-0101-1900F Rules of the Credit Enhancement Program for School Districts Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking, Reauthorizes Title 01, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 32-0101-1900F Rules of the Credit Enhancement Program for School Districts Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 33 -- REAL ESTATE COMMISSION

- 33-0000-1900F Rules of the Idaho Real Estate Commission Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking, Reauthorizes Title 01, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 33-0000-1900F Rules of the Idaho Real Estate Commission Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 34 – SECRETARY OF STATE

- 34-0000-1900 Rules of the Idaho Secretary of State Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking, Reauthorizes Title 02, Chapter 02; Title 03, Chapter 01; Title 04, Chapter 02; Title 05, Chapter 05; Title 06, Chapter 01-02 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 34-000-1900 Rules of the Idaho Secretary of State Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 34-0000-1900F Rules of the Idaho Secretary of State Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking, Reauthorizes Title 04, Chapter 01; Title 05, Chapter 01-03, 06 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 34-0000-1900F Rules of the Idaho Secretary of State Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

34.07.01, Rules Governing Notarial Acts Performed for Remotely Located Individuals

- 34-0701-2001 Adoption of Temporary Rule (New Chapter), Bulletin Vol. 20-1 (eff. 1-1-20)T)
- 34-0701-2002 Adoption of Temporary Rule (New Chapter), Bulletin Vol. 20-4 (eff. 3-20-20)T)

IDAPA 35 – STATE TAX COMMISSION

- 35-0000-1900 Rules of the Idaho State Tax Commission Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking, Reauthorizes Title 01, Chapters 01-03, 05-10, 12, 14; Title 02, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 35-0000-1900 Rules of the Idaho State Tax Commission Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

35.01.01, Income Tax Administrative Rules

- 35-0101-1901* Adoption of Temporary Rule, Bulletin Vol. 19-2 (eff. 1-4-19)T (*Temporary rule expired 7-1-19)
- 35-0101-1901 OARC Omnibus Notice of Legislative Action Extension of Temporary Rule SCR 113, Bulletin Vol. 19-5 (eff. 1-4-19)T
- 35-0101-1902 Notice of Intent to Promulgate Rules Negotiated Rulemaking, Bulletin Vol. 19-6
- 35-0101-1903 Proposed Rulemaking, Bulletin Vol. 19-7
- 35-0101-1902 Proposed Rulemaking, Bulletin Vol. 19-8

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35-0101-1904 Proposed Rulemaking, Bulletin Vol. 19-8
     35-0101-1902 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
     35-0101-1903 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
     35-0101-1904 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
35.01.02, Idaho Sales and Use Tax Administrative Rules
     35-0102-1901* Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-6
     35-0102-1902* Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-6
     35-0102-1903 Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-6
     35-0102-1904* Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-6
     35-0102-1905 Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-6
     35-0102-1906 Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-6
     35-0102-1907 Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-7
     35-0102-1901* Proposed Rulemaking, Bulletin Vol. 19-8
     35-0102-1902* Proposed Rulemaking, Bulletin Vol. 19-8
     35-0102-1903 Proposed Rulemaking, Bulletin Vol. 19-8
     35-0102-1904* Proposed Rulemaking, Bulletin Vol. 19-8
     35-0102-1901* Notice of Vacation of Proposed Rulemaking, Bulletin Vol. 19-10
     35-0102-1902* Notice of Vacation of Proposed Rulemaking, Bulletin Vol. 19-10
     35-0102-1904* Notice of Vacation of Proposed Rulemaking, Bulletin Vol. 19-10
     35-0102-1903 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
35.01.03, Property Tax Administrative Rules
     35-0103-1901 Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-6
     35-0103-1902
                    Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-6
     35-0103-1903
                    Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-6
     35-0103-1904
                    Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-6
     35-0103-1905
                    Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-6
     35-0103-1906 Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-6
     35-0103-1907* Adoption of Temporary Rule, Bulletin Vol. 19-6 (eff. 1-1-19)T(*Temporary rule expired 7-1-19)
     35-0103-1908 Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-7
     35-0103-1901
                    Proposed Rulemaking, Bulletin Vol. 19-8
     35-0103-1909
                    Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-8
     35-0103-1910
                    Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-8
     35-0103-1911
                    Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-8
                    Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-8
     35-0103-1912
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     35-0103-1913
                    Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-8
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     35-0103-1903
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     35-0103-1906
     35-0103-1902
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     35-0103-1904
     35-0103-1905
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                    Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
     35-0103-1901
                    Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
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                    Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
     35-0103-1903
     35-0103-1904 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
     35-0103-1905
                    Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
                    Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
     35-0103-1906
35.01.05, Motor Fuels Tax Administrative Rules
     35-0105-1901* Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-6
     35-0105-1902* Proposed Rulemaking, Bulletin Vol. 19-8
     35-0105-1901 Proposed Rulemaking, Bulletin Vol. 19-9
     35-0105-1902* Notice of Vacation of Proposed Rulemaking, Bulletin Vol. 19-10
     35-0105-1901 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)
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35.01.06, Hotel/Motel Room and Campground Sales Tax Administrative Rules

35-0106-1901 Notice of Intent to Promulgate a Rule – Negotiated Rulemaking, Bulletin Vol. 19-5

35.01.09, Idaho County Option Kitchen and Table Wine Tax Administrative Rules

35-0109-1901 Notice of Intent to Promulgate Rules - Negotiated Rulemaking (Chapter Repeal), Bulletin Vol. 19-7

35.01.12, Idaho Beer Tax Administrative Rules

35-0112-1901 Notice of Intent to Promulgate Rules - Negotiated Rulemaking (Chapter Repeal), Bulletin Vol. 19-7

35.01.15, Idaho Beer and Wine Tax Administrative Rules

35-0115-1901 Notice of Intent to Promulgate Rules - Negotiated Rulemaking (New Chapter), Bulletin Vol. 19-7

35.02.01, Tax Commission Administration and Enforcement Rules

35-0201-1901 Proposed Rulemaking, Bulletin Vol. 19-10

35-0201-1901 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)

IDAPA 36 -- IDAHO BOARD OF TAX APPEALS

36-0101-1900F Idaho Board of Tax Appeals Rules - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking, Reauthorizes Title 01, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

36-0101-1900F Idaho Board of Tax Appeals Rules - Notice of Omnibus Rulemaking - Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 37 – DEPARTMENT OF WATER RESOURCES

- 37-0000-1900 Rules of the Idaho Department of Water Resources Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking, Reauthorizes Title 02, Chapters 01, 04; Title 03, Chapters 11, 12 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 37-0000-1900 Rules of the Idaho Department of Water Resources Notice of Public Hearing, Bulletin 19-8
- 37-0000-1900 Rules of the Idaho Department of Water Resources Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 37-0000-1900F Rules of the Idaho Department of Water Resources Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking, Reauthorizes Title 01, Chapter 01; Title 02, Chapter 03; Title 03, Chapters 01-10 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 37-0000-1900F Rules of the Idaho Department of Water Resources Notice of Public Hearing (Fee Rules), Bulletin 19-8
- 37-0000-1900F Rules of the Idaho Department of Water Resources Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 38 – IDAHO DEPARTMENT OF ADMINISTRATION

- **38-0000-1900** Rules of the Idaho Department of Administration Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking, Reauthorizes Title 04, Chapters 06-09; Title 05, Chapters 01-02 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 38-0000-1900 Rules of the Idaho Department of Administration Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 38-0000-1900F Rules of the Idaho Department of Administration Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking, Reauthorizes Title 04, Chapter 04 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 38-0000-1900F Rules of the Idaho Department of Administration Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 39 – IDAHO TRANSPORTATION DEPARTMENT

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39-0000-1900 Rules of the Idaho Transportation Department - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking, Reauthorizes Title 02, Chapters 01-03, 05, 09, 11-12, 24, 27, 42-43, 45-46, 61, 70-73, 75-76, 80; Title 03, Chapters 01-02, 04-08, 40-44, 47-50, 60-65, 80-81; Title 04, Chapters 01-08 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
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- **39-0000-1900** Rules of the Idaho Transportation Department Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 39-0000-1900 Rules of the Idaho Transportation Department Notice of Correction to Notice of Omnibus Pending Rule, Bulletin Vol. 20-2 Affecting Chapters 39.02.09 and 39.02.46 only
- 39-0000-1900F Rules of the Idaho Transportation Department Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking, Reauthorizes Title 02, Chapter 04, 07, 22, 26, 41, 60; Title 03, Chapter 03 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- **39-0000-1900F** Rules of the Idaho Transportation Department Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

Omnibus Negotiated Rulemaking - Rules Regulating Vehicles Titles

Chapters 39.02.05, 39.02.07, 39.02.11, 39.02.12, 39.02.24

39-0200-1901 Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-7

Omnibus Negotiated Rulemaking – Rules Regulating Commercial Motor Vehicle Permits and Registration Chapters 39.02.22, 39.03.01, 39.03.05, 39.03.06

39-0300-1901 Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-7

Omnibus Negotiated Rulemaking - Traffic Signs and Right-Of-Way Rules

Chapters 39.03.41, 39.03.60, 39.03.61, 39.03.62, 39-03.63, 39.03.64

39-0300-1902 Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-7

39.02.03, Rules Governing Vehicle Dealer's Principle Place of Business and Claims to the Idaho Consumer Asset Recovery Fund

39-0203-1901* Temporary and Proposed Rulemaking, Bulletin Vol. 19-10 (eff. 8-22-19)T

*(Rulemaking changes chapter name from: "Rules Governing Vehicle Dealer's Principle Place of Business")

39-0203-1901* Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)

39.02.22, Rules Governing Registration and Permit Fee Administration

39-0222-1901 Proposed Rulemaking, Bulletin Vol. 19-10

39-0222-1901 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)

39.02.42, Temporary Vehicle Registration When Proof of Ownership Is Insufficient

39-0242-1901 Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-7

39-0242-1901 Proposed Rulemaking, Bulletin Vol. 19-10

39-0242-1901 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)

39.02.75, Rules Governing Names on Driver's Licenses and Identification Cards

39-0275-1901 Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-7

39-0275-1901 Proposed Rulemaking, Bulletin Vol. 19-10

39-0275-1901 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)

39.02.76, Rules Governing Driver's License Renewal-by-Mail and Electronic Renewal Process

39-0276-1901 Notice of Intent to Promulgate - Omnibus Negotiated Rulemaking, Bulletin Vol. 19-7

39-0276-1901 Proposed Rulemaking, Bulletin Vol. 19-10

39-0276-1901 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)

39.03.01, Rules Governing Definitions Regarding Special Permits

39-0301-1901 Proposed Rulemaking, Bulletin Vol. 19-10

39-0301-1901 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)

39.03.05, Rules Governing Special Permits - Oversize Non-Reducible

39-0305-1901 Proposed Rulemaking, Bulletin Vol. 19-10

39-0305-1901 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)

39.03.06, Rules Governing Special Permits for Extra-Length/Excess Weight, Up to 129,000 Pound Vehicle Combinations

39-0306-1901 Adoption of Temporary Rules, Bulletin Vol. 19-7 (eff. 7-1-19)T

39-0306-1902 Proposed Rulemaking, Bulletin Vol. 19-10

39-0306-1902 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)

39.03.49, Rules Governing Ignition Interlock Breath Alcohol Devices

39-0349-1901 Proposed Rulemaking, Bulletin Vol. 19-7

39-0349-1901 Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)

IDAPA 40 – IDAHO COMMISSION ON THE ARTS

40-0101-1900 Rules of the Idaho Commission on the Arts - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking, Reauthorizes Title 01, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

40-0101-1900 Rules of the Idaho Commission on the Arts - Notice of Omnibus Rulemaking - Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

40-0101-1901 Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-8

40-0101-1901* Proposed Rulemaking, Bulletin Vol. 19-10 (*Combined with docket no. 40-0101-1900)

40-0101-1901* Notice of Vacation of Proposed Rulemaking, Bulletin Vol. 20-1

IDAPA 41 -- PUBLIC HEALTH DISTRICTS

41-0101-1900 Rules of the Idaho Public Health Districts (Panhandle Health District #1) - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking, Reauthorizes Title 01, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

41-0101-1900 Rules of the Idaho Public Health Districts (Panhandle Health District #1) - Notice of Omnibus Rulemaking - Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 42 -- IDAHO WHEAT COMMISSION

42-0101-1900F Rules of the Idaho Wheat Commission - Notice of Omnibus Rulemaking - Temporary and Proposed Fee Rulemaking, Reauthorizes Title 01, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

42-0101-1900F Rules of the Idaho Wheat Commission - Notice of Omnibus Rulemaking - Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 43 -- IDAHO OILSEED COMMISSION

43-0101-1900F Rules Governing the Idaho Oilseed Commission - Notice of Omnibus Rulemaking - Temporary and Proposed Fee Rulemaking, Reauthorizes Title 01, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

43-0101-1900F Rules Governing the Idaho Oilseed Commission - Notice of Omnibus Rulemaking - Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 45 -- HUMAN RIGHTS COMMISSION

45-0101-1900 Rules of the Idaho Human Rights Commission - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking, Reauthorizes Title 01, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

45-0101-1900 Rules of the Idaho Human Rights Commission - Notice of Omnibus Rulemaking - Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 46 -- BOARD OF VETERINARY MEDICAL EXAMINERS

46-0101-1900F *Rules of the Idaho Board of Veterinary Medicine* - Notice of Omnibus Rulemaking - Temporary and Proposed Fee Rulemaking, Reauthorizes Title 01, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

46-0101-1900F Rules of the Idaho Board of Veterinary Medicine - Notice of Omnibus Rulemaking - Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

46.01.01, Rules of the State of Idaho Board of Veterinary Medicine

46-0101-1901 Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-6
46-0101-1902 Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 19-6
46-0101-1902 Proposed Rulemaking (Fee Rule), Bulletin Vol. 19-10
46-0101-1902 Adoption of Fee Pending Rule, Bulletin Vol. 19-12 (PLR 2020)

IDAPA 47 -- STATE BOARD OF EDUCATION/ DIVISION OF VOCATIONAL REHABILITATION

47.01.01, Rules Governing Vocational Rehabilitation Services

47-0101-1901 Adoption of Temporary Rule (New Chapter), Bulletin Vol. 19-10 (eff. 8-29-19)T

IDAPA 48 -- GRAPE GROWERS AND WINE PRODUCERS COMMISSION

48-0101-1900F Rules of the Idaho Grape Growers and Wine Producers Commission - Notice of Omnibus Rulemaking - Temporary and Proposed Fee Rulemaking, Reauthorizes Title 01, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

48-0101-1900F Rules of the Idaho Grape Growers and Wine Producers Commission - Notice of Omnibus Rulemaking - Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

CERTIFIED SHORTHAND REPORTERS BOARD

(Moved and Re-designated) - Rules of Procedure of the Idaho Board of Certified Shorthand Reporters (This chapter has been re-designated from IDAPA 49.01.01 to IDAPA 24.29.01 under the Bureau of Occupational Licenses - See IDAPA 24 in this Index.)

IDAPA 50 -- COMMISSION FOR PARDONS AND PAROLE

50-0101-1900 Rules of the Commission of Pardons and Parole - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking, Reauthorizes Title 01, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

50-0101-1900 Rules of the Commission of Pardons and Parole - Notice of Omnibus Rulemaking - Notice of Public Hearing, Bulletin Vol. 19-10

50-0101-1900 Rules of the Commission of Pardons and Parole - Notice of Omnibus Rulemaking - Adoption of Pending Rule - Bulletin Vol. 19-11SE (PLR 2020)

50-0101-2001 Adoption of Temporary Rule, Bulletin Vol. 20-3 (eff. 1-13-20)T

IDAPA 51 -- IDAHO BEEF COUNCIL

51-0101-1900F Rules of the Idaho Beef Council - Notice of Omnibus Rulemaking - Temporary and Proposed Fee Rulemaking, Reauthorizes Title 01, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

51-0101-1900F Rules of the Idaho Beef Council - Notice of Omnibus Rulemaking - Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 52 – IDAHO STATE LOTTERY COMMISSION

- 52-0000-1900F Rules of the Idaho State Lottery Commission Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking, Reauthorizes Title 01, Chapters 02-03 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 52-0000-1900F Rules of the Idaho State Lottery Commission Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020) (*Rulemaking consolidates IDAPA 52.01.02 into IDAPA 52.01.03)

IDAPA 53 -- IDAHO BARLEY COMMISSION

- 53-0101-1900F Rules of the Idaho Barley Commission Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking, Reauthorizes Title 01, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 53-0101-1900F Rules of the Idaho Barley Commission Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 54 -- OFFICE OF THE STATE TREASURER

- **54-0000-1900** Rules of the Idaho State Treasurer Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking, Reauthorizes Title 02, Chapter 01; Title 03, Chapter 01 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 54-0000-1900 Rules of the Idaho State Treasurer Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

IDAPA 55 – DIVISION OF CAREER TECHNICAL EDUCATION

- 55-0000-1900 Rules of the Idaho Division of Career Technical Education Notice of Omnibus Rulemaking Temporary and Proposed Rulemaking, Reauthorizes Title 01, Chapters 03-04 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 55-0000-1900 Rules of the Idaho Division of Career Technical Education Notice of Omnibus Rulemaking Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)

55.01.03, Rules of Career Technical Schools

- 55-0103-1901 Notice of Intent to Promulgate a Rule Negotiated Rulemaking, Bulletin Vol. 19-7
- 55-0103-1901 Proposed Rulemaking, Bulletin Vol. 19-10
- 55-0103-1902 Adoption of Temporary Rule, Bulletin Vol. 19-12 (eff. 10-17-19)T
- **55-0103-1901** Adoption of Pending Rule, Bulletin Vol. 20-1 (PLR 2020)

IDAPA 56 -- IDAHO RANGELAND RESOURCES COMMISSION

- 56-0101-1900F Rules of the Idaho Rangeland and Resources Commission Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking, Reauthorizes Title 01, Chapter 01-- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 56-0101-1900F Rules of the Idaho Rangeland and Resources Commission Notice of Vacation of Omnibus Proposed Rulemaking, Bulletin Vol. 19-11SE

IDAPA 57 -- SEXUAL OFFENDER MANAGEMENT BOARD

- 57-0101-1900F Rules of the Sexual Offender Management Board Notice of Omnibus Rulemaking Temporary and Proposed Fee Rulemaking, Reauthorizes Title 01, Chapter 01-- Bulletin Vol. 19-6SE (eff. 6-30-19)T
- 57-0101-1900F Rules of the Sexual Offender Management Board Notice of Omnibus Rulemaking Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)
- 57-0101-1901 Proposed Rulemaking (Fee Rule), Bulletin Vol. 19-10
- **57-0101-1901** Adoption of Pending Fee Rule, Bulletin Vol. 20-1 (PLR 2020)

IDAPA 58 – DEPARTMENT OF ENVIRONMENTAL QUALITY

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58-0000-1900 Rules of the Department of Environmental Quality - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking, Reauthorizes Title 01, Chapters 02, 04, 10, 16, 21-24 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T
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58-0000-1900 Rules of the Department of Environmental Quality - Notice of Omnibus Rulemaking - Adoption of Pending Rule, Bulletin Vol. 19-11SE (PLR 2020)

58-0000-1900F Rules of the Department of Environmental Quality - Notice of Omnibus Rulemaking - Temporary and Proposed Rulemaking, Reauthorizes Title 01, Chapters 05-08, 12-14, 18, 20, 25 -- Bulletin Vol. 19-6SE (eff. 6-30-19)T

58-0000-1900F Rules of the Department of Environmental Quality - Notice of Omnibus Rulemaking - Adoption of Pending Fee Rule, Bulletin Vol. 19-11SE (PLR 2020)

TMDLs:

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