

HEALTH & WELFARE COMMITTEE

ADMINISTRATIVE RULES REVIEW

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2010 Legislative Session

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IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.02.03 - RULES GOVERNING EMERGENCY MEDICAL SERVICES

DOCKET NO. 16-0203-0901

NOTICE OF RULEMAKING - ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is July 1, 2009.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed regular rulemaking procedures have been initiated. The action is authorized pursuant to Sections 56-1003 and 56-1023, Idaho Code.

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

MONDAY, OCTOBER 19, 2009 - 9:00 a.m.

JRW BUILDING, MAIN FLOOR
East Conference Room
700 W. State Street
Boise, Idaho

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

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

Senate Bill 1108aa, passed by the 2009 Legislature, makes changes and additions to Title 56, Chapter 10, Idaho Code, that affects the Idaho Emergency Medical Services (EMS) Bureau administrative rules.

This rule change primarily aligns definitions in rule with changes to Idaho Code and replaces old terminology throughout the rule. The provision for nontransport EMS service minimum standards waiver requests is currently in the EMS chapter of rules but will be removed as the waiver provision is now contained in Idaho Statute. Changes in the national standards for EMS personnel eliminated the need for the Emergency Medical Technician-Intermediate (EMT-I) licensure level prior to the implementation of the Idaho EMT-I program. Senate Bill 1108aa removed all references to the EMT-I from Title 56, Chapter 10. References to the EMT-I will therefore be removed from the temporary rule to create consistency in licensure levels with the new statutes.

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

be implemented by July 1, 2009, to ensure compliance with Senate Bill 1108aa passed by the 2009 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: None.

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

This rulemaking has no fiscal impact to the state general fund.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules - Negotiated Rulemaking was published in the May 6, 2009, Idaho Administrative Bulletin, Vol. 09-5, page 21.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Wayne Denny at (208) 334-2085.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 28, 2009.

DATED this 17th day of August, 2009.

Tamara Prisock
DHW - Administrative Procedures Section
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P.O. Box 83720
Boise, ID 83720-0036
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THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE

000. LEGAL AUTHORITY.

The Idaho Board of Health and Welfare is authorized under Section 56-1017~~23~~, Idaho Code, to adopt rules concerning the administration of the Idaho Emergency Medical Services Act. The Director is authorized under Section 56-1003, Idaho Code, to supervise and administer an emergency medical service program. (~~4-6-05~~)(7-1-09)T

001. TITLE AND SCOPE.

01. Scope. These rules include criteria for training programs, certification and licensure of personnel, licensure of ambulance services and nontransport services, licensure of ambulances and nontransport vehicles, establishment of fees for training, inspections, ~~and~~ certifications, licensure, and appropriate requirements for ~~recertification~~ license renewal of personnel. (7-1-97)(7-1-09)T

02. Title. ~~These rules shall be cited in full as~~ The title of these rules is IDAPA 16.02.03, ~~Idaho Department of Health and Welfare, "Rules Governing~~ Emergency Medical Services." (7-1-97)(7-1-09)T

002. WRITTEN INTERPRETATIONS.

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this Bureau has an EMS Standards Manual that contains policy and interpretation of these rules ~~of this Chapter, or to~~ and the documentation of compliance with these rules ~~of this Chapter~~. Copies of the Standards Manual may be obtained from the EMS Bureau, 650 W. State Street, Suite B-17, Boise, Idaho 83702, P.O. Box 83720, Boise, Idaho 83720-0036. (3-30-01)(7-1-09)T

003. ADMINISTRATIVE APPEALS.

All contested cases ~~shall be~~ are governed by the provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (7-1-97)(7-1-09)T

(BREAK IN CONTINUITY OF SECTIONS)

005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE NUMBER -- INTERNET WEBSITE.

01. Office Hours. Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the state of Idaho. (4-6-05)

02. Mailing Address. The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (4-6-05)

03. Street Address. (7-1-09)T

a. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (4-6-05)(7-1-09)T

b. The EMS Bureau is located at 650 W. State Street, Suite B-17, Boise, Idaho 83702. (7-1-09)T

04. Telephone. (7-1-09)T

a. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. ~~(4-6-05)~~(7-1-09)T

b. The telephone number for the EMS Bureau is (208) 334-4000. The toll-free, phone number is 1-877-554-3367. (7-1-09)T

05. Internet Websites. (4-6-05)

a. The Department's internet website is found at <http://www.healthandwelfare.idaho.gov>. (4-6-05)

b. The Emergency Medical Services Bureau's internet website is found at <http://www.idahoems.org>. (4-6-05)

(BREAK IN CONTINUITY OF SECTIONS)

007. -- 0098. (RESERVED).

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

Candidates for initial licensure, as described in Section 501 of these rules, must comply with the provisions in IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-09)T

010. DEFINITIONS AND ABBREVIATIONS.

For the purposes of these rules, the following terms and abbreviations will be used, as defined below: (7-1-80)

01. Advanced Emergency Medical Technician-Ambulance (AEMT-A). ~~An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of an advanced EMT training program, examination, subsequent required continuing training, and recertification.~~ AEMT is a person who: ~~(4-6-05)~~(7-1-09)T

a. Has met the qualifications for licensure in Sections 56-1011 through 56-1023, Idaho Code, and these rules; (7-1-09)T

b. Is licensed by the EMS Bureau under Sections 56-1011 through 56-1023, Idaho Code; (7-1-09)T

c. Carries out the practice of emergency care within the scope of practice determined by the Idaho Emergency Medical Services Physicians Commission (EMSPC); and (7-1-09)T

d. Practices under the supervision of a physician licensed in Idaho. (7-1-09)T

02. Advanced Life Support (ALS). The provision of medical care, medication administration and treatment with medical devices ~~which~~ that correspond to the knowledge and skill objectives in the ~~EMT~~-Paramedic curriculum currently approved by the State Health Officer

in accordance with Subsection 201.04 of these rules and within the scope of practice defined in IDAPA ~~22.01.06, "Rules for EMS Personnel," Subsection 011.05~~ 16.02.02, "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission," by persons ~~certified~~ licensed as ~~EMT~~ Paramedics in accordance with these rules. (4-5-00)(7-1-09)T

03. Advertise. Communication of information to the public, institutions, or to any person concerned, by any oral, written, or graphic means including handbills, newspapers, television, radio, telephone directories, and billboards. (4-5-00)

04. Agency. ~~An applicant for designation or a licensed EMS service seeking designation.~~ Any organization licensed by the EMS Bureau that operates an air medical service, ambulance service, or nontransport service. (4-5-00)(7-1-09)T

05. Air Ambulance. Any privately or publicly owned fixed wing aircraft or rotary wing aircraft used for, or intended to be used for, the transportation of persons experiencing physiological or psychological illness or injury who may need medical attention during transport. This may include dual or multipurpose vehicles that comply with Sections 56-1011 through 56-1023, Idaho Code. (7-1-09)T

06. Air Medical Service. An agency licensed by the EMS Bureau that responds to requests for patient care and transportation from hospitals and EMS agencies using a fixed wing aircraft or rotary wing aircraft. (7-1-09)T

057. Air Medical Response. The deployment of an aircraft licensed as an air ambulance to an emergency scene intended for the purpose of patient treatment and transportation. (4-11-06)(7-1-09)T

068. Ambulance. Any privately or publicly owned ~~ground motor vehicle, or nautical vessel, fixed wing aircraft or rotary wing aircraft~~ used for, or intended to be used for, the transportation of sick or injured persons who may need medical attention during transport. This may include dual or multipurpose vehicles that comply with Sections 56-1011 through 56-1023, Idaho Code. (7-1-97)(7-1-09)T

079. Ambulance-Based Clinicians. Licensed Professional Nurses, Advanced Practice Professional Nurses, and Physician Assistants with current licenses from the Board of Nursing or the Board of Medicine, who are personnel provided by licensed EMS services. (4-5-00)

10. Ambulance Service. An agency licensed by the EMS Bureau operated with the intent to provide personnel and equipment for medical treatment at an emergency scene, during transportation, or during transfer of persons experiencing physiological or psychological illness or injury who may need medical attention during transport. (7-1-09)T

11. Applicant. Any organization that is requesting an agency license under these rules and includes the following: (7-1-09)T

a. An organization seeking a new license; (7-1-09)T

b. An existing agency that intends to change the level of licensed personnel it

utilizes; (7-1-09)T

c. An existing agency that intends to change its geographic coverage area, except by agency annexation; (7-1-09)T

d. An existing nontransport service that intends to provide ambulance service; and (7-1-09)T

e. An existing ambulance service that intends to discontinue transport and become a nontransport service. (7-1-09)T

~~0812.~~ **Board.** The *Idaho State* Board of Health and Welfare. (~~12-31-91~~)(7-1-09)T

~~0913.~~ **Certification.** *A credential issued to an individual by the EMS Bureau for a specified period of time indicating that minimum standards corresponding to one (1) or several levels of EMS proficiency have been met.* External verification that an individual has achieved minimum competency to assure safe and effective patient care. (7-1-97)(7-1-09)T

~~10.~~ **Certified Personnel.** *Individuals who have completed training and successfully passed examinations for training and skills proficiency in one (1) or several levels of emergency medical services.* (7-1-97)

114. **Critical Care Transfer (CCT).** The transportation of a patient with continuous care, monitoring, medication or procedures requiring knowledge or skills not contained within the *EMT-Paramedic* curriculum approved by the State Health Officer. Interventions provided by *EMT-Paramedics* are governed by the scope of practice defined in IDAPA ~~22.01.06~~ 16.02.02, "*Rules for EMS Personnel* Rules of the Idaho Emergency Medical Services (EMS) Physician Commission." (4-6-05)(7-1-09)T

15. **Commission.** The Idaho Emergency Medical Services Physician Commission (EMSPC). (7-1-09)T

16. **Department.** The Idaho Department of Health and Welfare. (7-1-09)T

127. **Director.** The Director of the Idaho Department of Health and Welfare or *designated individual* his designee. (~~12-31-91~~)(7-1-09)T

138. **Division.** The Idaho Division of Public Health, Department of Health and Welfare. (~~11-19-76~~)(7-1-09)T

149. **Emergency.** A medical condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the person's health in serious jeopardy, or in causing serious impairments of bodily function or serious dysfunction of any bodily organ or part. (4-5-00)

20. **Emergency Medical Responder (EMR).** A person who: (7-1-09)T

a. Has met the qualifications for licensure in Sections 56-1011 through 56-1023, Idaho Code, and these rules; (7-1-09)T

b. Is licensed by the EMS Bureau under Sections 56-1011 through 56-1023, Idaho Code; (7-1-09)T

c. Carries out the practice of emergency care within the scope of practice determined by the Idaho Emergency Medical Services Commission (EMSPC); and (7-1-09)T

d. Practices under the supervision of a physician licensed in Idaho. (7-1-09)T

1521. Emergency Medical Services (EMS). The ~~services~~ system utilized in responding to a perceived individual need for immediate care in order to prevent loss of life or aggravation of physiological or psychological illness or injury. (11-19-76)(7-1-09)T

1622. EMS Bureau. The Emergency Medical Services (EMS) Bureau of the Idaho Department of Health and Welfare. (11-19-76)

1723. EMS Standards Manual. A manual published by the EMS Bureau detailing policy information including EMS education, training, certification, licensure, and data collection. (7-1-97)

~~**18. Emergency Medical Technician Ambulance (EMT-A).** A designation issued to an EMT-B by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of supervised in-field experience. (7-1-97)~~

~~**19. Emergency Medical Technician Basic (EMT-B).** An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a basic EMT training program, examination, subsequent required continuing training, and recertification. (7-1-97)~~

~~**20. Emergency Medical Technician Intermediate (EMT-I).** An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of an intermediate training program, examination, subsequent required continuing training, and recertification. (4-6-05)~~

~~**21. Emergency Medical Technician Paramedic (EMT-P).** An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a paramedic training program, examination, subsequent required continuing training, and recertification. (7-1-97)~~

24. Emergency Medical Technician (EMT). A person who: (7-1-09)T

a. Has met the qualifications for licensure in Sections 56-1011 through 56-1023, Idaho Code, and these rules; (7-1-09)T

b. Is licensed by the EMS Bureau under Sections 56-1011 through 56-1023, Idaho

Code; (7-1-09)T

c. Carries out the practice of emergency care within the scope of practice determined by the Commission; and (7-1-09)T

d. Practices under the supervision of a physician licensed in Idaho. (7-1-09)T

225. Emergency Scene. Any setting (including standbys) outside of a hospital, with the exception of the inter-facility transfer, in which the provision of EMS may take place. (4-11-06)

236. Glasgow Coma Score (GCS). A scale used to determine a patient's level of consciousness. It is a rating from three (3) to fifteen (15) of the patient's ability to open his eyes, respond verbally, and move normally. The GCS is used primarily during the examination of patients with trauma or stroke. (4-11-06)

247. Ground Transport Time. The total elapsed time calculated from departure of the ambulance from the scene to arrival of the ambulance at the patient destination. (4-11-06)

~~**25. First Responder.** An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a first responder training program, examination, subsequent required continuing training, and recertification. (7-1-97)~~

268. Licensed EMS Services. Air medical services, Aambulance services and nontransport services licensed by the EMS Bureau to function in Idaho. (7-1-97)(7-1-09)T

29. Licensed Personnel. Those individuals who are Emergency Medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians, and Paramedics. (7-1-09)T

~~**2730. Local Incident Management System.** The local system of interagency communications, command, and control established to manage emergencies or demonstrate compliance with the National Incident Management System. (4-11-06)~~

31. National Emergency Medical Services Information System (NEMSIS) Technical Assistance Center. An organization that validates software for compliance with the EMS data set defined by the United States Department of Transportation National Highway Traffic Safety Administration. (7-1-09)T

~~**2832. National Registry of Emergency Medical Technicians (NREMT).** An independent, non-governmental, not for profit organization which prepares validated examinations for the state's use in evaluating candidates for certification licensure. (7-1-97)(7-1-09)T~~

~~**29. Non-Transport.** A vehicle design or organizational configuration which brings EMS personnel or equipment to a location, but does not move any sick or injured person from that location. (7-1-97)~~

33. Nontransport Service. An agency licensed by the EMS Bureau that is operated with the intent to provide personnel or equipment for medical stabilization at an emergency scene, but that is not intended to be the service that will actually transport sick or injured persons.

(7-1-09)T

34. Nontransport Vehicle. Any vehicle that is operated by an agency with the intent to provide personnel or equipment for medical stabilization at an emergency scene, but that is not intended as the vehicle that will actually transport sick or injured persons.

(7-1-09)T

305. Out-of-Hospital. Any setting outside of a hospital, including inter-facility transfers, in which the provision of EMS may take place.

(4-5-00)

36. Paramedic. A person who:

(7-1-09)T

a. Has met the qualifications for licensure in Sections 56-1011 through 56-1023, Idaho Code, and these rules;

(7-1-09)T

b. Is licensed by the EMS Bureau under Sections 56-1011 through 56-1023, Idaho Code;

(7-1-09)T

c. Carries out the practice of emergency care within the scope of practice determined by the Commission; and

(7-1-09)T

d. Practices under the supervision of an physician licensed in Idaho.

(7-1-09)T

347. Patient Assessment. The evaluation of a patient by EMS ~~certified~~ licensed personnel intending to provide treatment or transportation to that patient.

(~~4-11-06~~)(7-1-09)T

328. Physician. In accordance with Section 54-1803, Idaho Code, ~~A~~ a person who holds a current active license~~d~~ issued by the State Board of Medicine to practice medicine ~~or~~ and surgery, ~~or~~ osteopathic medicine ~~or~~ and surgery, or osteopathic medicine in Idaho and is in good standing with no restrictions upon, or actions taken against, his license.

(~~11-17-96~~)(7-1-09)T

339. Pre-Hospital. Any setting, ~~(including standbys),~~ outside of a hospital, with the exception of the inter-facility transfer, in which the provision of EMS may take place.

(~~4-5-00~~)(7-1-09)T

340. State Health Officer. The Administrator of the Division of Public Health.

(~~11-19-76~~)(7-1-09)T

41. Supervision. The medical direction by a licensed physician of activities provided by licensed personnel affiliated with a licensed ambulance, air medical, or nontransport service, including:

(7-1-09)T

a. Establishing standing orders and protocols;

(7-1-09)T

b. Reviewing performance of licensed personnel;

(7-1-09)T

- c.** Providing instructions for patient care via radio or telephone; and (7-1-09)T
- d.** Other oversight. (7-1-09)T

3542. Transfer. The transportation of a patient from one (1) medical care facility to another ~~by ambulance.~~ (~~4-5-00~~)(7-1-09)T

011. -- 099. (RESERVED).

100. STATEWIDE EMS ADVISORY COMMITTEE.

The Director will appoint a Statewide EMS Advisory Committee to provide counsel to the Department in administering the EMS Act. The Committee members will have a normal tenure of three (3) years after which time they may be excused or reappointed. However, in order to afford continuity, initial appointments will be made to one-third (1/3) of the membership for two (2) years, one-third (1/3) for three (3) years, and one-third (1/3) of the membership for four (4) years. The Committee chairman will be selected by the State Health Officer. (7-1-97)

01. Committee Membership. The Statewide EMS Advisory Committee will be constituted as follows: (7-1-80)

- a.** One (1) representative recommended by the State Board of Medicine; ~~and~~ (~~4-8-94~~)(7-1-09)T
- b.** One (1) representative recommended by the Idaho Chapter of ACEP; ~~and~~ (~~4-8-94~~)(7-1-09)T
- c.** One (1) representative recommended by the Committee on Trauma of the Idaho Chapter of the American College of Surgeons; ~~and~~ (~~4-8-94~~)(7-1-09)T
- d.** One (1) representative recommended by the State Board of Nursing; ~~and~~ (~~4-8-94~~)(7-1-09)T
- e.** One (1) representative recommended by the Idaho Medical Association; ~~and~~ (~~4-8-94~~)(7-1-09)T
- f.** One (1) representative recommended by the Idaho Hospital Association; ~~and~~ (~~4-8-94~~)(7-1-09)T
- g.** One (1) representative of local government recommended by the Idaho Association of Counties; ~~and~~ (~~4-8-94~~)(7-1-09)T
- h.** One (1) representative of a career third service EMS/Ambulance ~~organization~~ service; ~~and~~ (~~4-8-94~~)(7-1-09)T
- i.** One (1) representative of a volunteer third service EMS/Ambulance ~~organization~~ service; ~~and~~ (~~4-8-94~~)(7-1-09)T
- j.** One (1) representative of a third service nontransport EMS ~~organization~~ service;

and (4-8-94)(7-1-09)T

k. One (1) representative of a fire department-based EMS/Ambulance service recommended by the Idaho Fire Chiefs Association; *and* (4-8-94)(7-1-09)T

l. One (1) representative of a fire department-based nontransport EMS *organization service*; *and* (4-8-94)(7-1-09)T

m. One (1) representative of an air medical *EMS organization service*; *and* (7-1-97)(7-1-09)T

n. One (1) Emergency Medical Technician-~~Basic~~ who represents the interests of Idaho *providers certified personnel licensed* at that level; *and* (4-8-94)(7-1-09)T

o. One (1) Advanced Emergency Medical Technician-~~Ambulance~~ who represents the interests of Idaho *providers certified personnel licensed* at that level; *and* (7-1-97)(7-1-09)T

~~**p.** One (1) Emergency Medical Technician-Intermediate who represents the interests of Idaho providers certified at that level; *and* (4-6-05)~~

~~**q.** One (1) *Emergency Medical Technician-Paramedic* who represents the interests of Idaho *providers certified personnel licensed* at that level; *and* (4-8-94)(7-1-09)T~~

~~**r.** One (1) representative who is an administrative county EMS director; *and* (4-8-94)(7-1-09)T~~

~~**s.** One (1) EMS instructor who represents the interests of Idaho EMS educators and evaluators; *and* (4-8-94)(7-1-09)T~~

~~**t.** One (1) consumer; *and* (4-5-00)(7-1-09)T~~

~~**u.** One (1) representative of a private EMS transport *organization service*; *and* (4-5-00)(7-1-09)T~~

~~**v.** One (1) pediatrician who represents the interests of children in the EMS system recommended by the Idaho Chapter of the American Academy of Pediatrics; *and* (3-30-01)~~

~~**w.** One (1) board certified or equivalent pediatric emergency medicine physician. (3-30-01)~~

02. Responsibilities of Committee. The EMS Advisory Committee will meet at least annually or as needed for the purposes of: (7-1-80)

a. Reviewing policies and procedures for provision of emergency medical services and recommending same to the ~~Division~~ EMS Bureau; (11-19-76)(7-1-09)T

b. Reviewing EMS training curricula, training standards, and examination processes and recommending same to the ~~Division~~ EMS Bureau; (4-8-94)(7-1-09)T

c. Reviewing EMS candidate selection policy and candidate performance requirements and recommending to the ~~Division~~ EMS Bureau certification ~~of~~ and standards for EMS personnel; ~~(7-1-97)~~(7-1-09)T

~~d. Reviewing and making recommendations for disciplinary action regarding EMS personnel who have not complied with EMS policies;~~ (11-19-76)

~~ed.~~ Reviewing and making recommendations on the licensing of ambulance services in Idaho. (11-19-76)

~~fe.~~ Reviewing and making recommendations on the licensing of nontransport services in Idaho. (7-1-97)

101. -- 199. (RESERVED).

200. EMS TRAINING PROGRAMS.

EMS training programs must meet all requirements ~~in accordance with~~ under the standards listed in Section 201 of these rules. In order for the EMS Bureau to verify compliance, the course coordinator must submit an application to the EMS Bureau before the course begins. The EMS Training Program may be approved by the EMS Bureau only if all requirements are met. The EMS Training Program must be approved in order for candidates to qualify for access to a certification examination. ~~(7-1-97)~~(7-1-09)T

201. STANDARDS.

All initial training programs must be conducted ~~in accordance with~~ per the following criteria: ~~(4-6-05)~~(7-1-09)T

01. Course Coordinator. Each EMS training program must have a designated course coordinator who has overall responsibility for management of the course and specific duties, including: (4-6-05)

a. Documentation of candidate qualifications, attendance, skill proficiency, and clinical sessions; (7-1-97)

b. Advance scheduling and prior orientation of all other instructors and guest lecturers to the knowledge and skills objectives of the session being taught; (7-1-97)

c. Coordination of access for candidates into health care facilities and licensed EMS services ~~in accordance with~~ using the curriculum of the course; ~~(7-1-97)~~(7-1-09)T

d. Acquisition of equipment for all skills objectives within the curriculum being taught. (7-1-97)

02. Instructor Qualifications. The course instructor(s) conducting EMS training courses must meet the appropriate qualifications established in Sections 225 through 230 of these rules. (4-6-05)

03. Physician Oversight. AEMT-A, ~~EMT-I~~, and ~~EMT-Paramedic~~ training courses must be conducted under the direction of a physician. ~~(4-6-05)~~(7-1-09)T

04. Curriculum and Equipment. Training courses must use course curricula approved by the State Health Officer and have access to equipment related to all skills objectives within the curricula. (7-1-97)

202. CERTIFICATION EXAMINATIONS.

Certification examinations ~~shall~~ will be approved by the State Health Officer and conducted by individuals who are certified or licensed at or above the skill level being examined, or by registered nurses, or by licensed physicians. ~~(7-1-97)~~(7-1-09)T

203. MONITORING OF INSTRUCTOR PERFORMANCE.

The EMS Bureau ~~shall~~ will monitor instructor performance for all EMS training programs, including candidates' performance on National Registry and other standardized examinations, surveys of candidate satisfaction, and results of other evaluation instruments. Summary findings ~~shall~~ will be made available to licensed EMS services and other organizations sponsoring EMS training programs. ~~(7-1-97)~~(7-1-09)T

(BREAK IN CONTINUITY OF SECTIONS)

205. CONSISTENCY WITH SCOPE OF PRACTICE.

All curricula approved for use in Idaho or used as the basis for ~~certification~~ licensure by a candidate trained elsewhere must be consistent with the scope of practice established by the ~~Board of Medicine~~ Commission for the level of ~~certification~~ licensure requested by the candidate. ~~(7-1-97)~~(7-1-09)T

206. CONSISTENCY WITH NATIONAL STANDARDS.

The EMS Bureau considers the National Standard Curriculum and the National EMS Scope of Practice Model as models for design or adaptation of EMS training program content and EMS ~~certification~~ licensure levels. ~~(4-6-05)~~(7-1-09)T

207. -- 224. (RESERVED).

225. QUALIFICATIONS OF ~~FIRST~~ FIRST EMERGENCY MEDICAL RESPONDER COURSE INSTRUCTORS.

~~First~~ Emergency Medical Responder Course Instructors must be approved by the EMS Bureau, based on being ~~certified~~ licensed for at least three (3) years at or above the level of the session of the curriculum being taught. ~~(7-1-97)~~(7-1-09)T

226. QUALIFICATIONS OF EMT-~~BASIC~~ BASIC COURSE INSTRUCTORS.

EMT-~~Basic~~ Basic course instructors must be approved by the EMS Bureau, based on the following requirements: ~~(7-1-97)~~(7-1-09)T

01. Application. Submission of an application to the EMS Bureau; (7-1-97)

02. Adult Instructional Methodology. Completion of one (1) or more courses approved by the EMS Bureau based on content that includes the following instructional methodologies: (4-6-05)

- a. The adult learner; (4-6-05)
- b. Learning objectives; (4-6-05)
- c. Learning process; (4-6-05)
- d. Lesson plans; (4-6-05)
- e. Course materials; (4-6-05)
- f. Preparation; (4-6-05)
- g. Teaching aids; (4-6-05)
- h. Teaching methods; and (4-6-05)
- i. Evaluations. (4-6-05)

03. EMS Instructor Orientation. Completion of the EMS Bureau orientation program for EMS instructors or equivalent; and (4-6-05)

04. ~~Certification~~ Licensure. ~~Certification~~ Licensure at or above the level of curriculum being taught, for at least three (3) years. Licensed individuals and other health care providers must also be ~~certified~~ licensed at the EMT level. (~~7-1-97~~)(7-1-09)T

227. PRIMARY OR LEAD EMT-BASIC INSTRUCTORS.

Primary or lead instructors must be approved as EMT-Basic Course Instructors, personally instruct at least seventy-five percent (75%) of the didactic training of the course, and instruct or oversee the skills training in the curriculum. (~~4-6-05~~)(7-1-09)T

228. EMT-BASIC SKILLS INSTRUCTORS.

EMT-Basic skills instructors ~~shall~~ must be approved as EMT-Basic Course Instructors and shall personally instruct the psychomotor portions of the curriculum. (~~7-1-97~~)(7-1-09)T

229. ADVANCED EMT AND ~~EMT~~-PARAMEDIC INSTRUCTORS.

AEMT-A and ~~EMT~~-Paramedic Instructors must be approved by the EMS Bureau based on having credentials, education or experience that correspond to the knowledge and skills objectives being taught. (~~7-1-97~~)(7-1-09)T

~~230. EMT-INTERMEDIATE INSTRUCTORS.~~

~~All EMT-I primary or lead instructors must meet the following criteria:~~ (4-6-05)

- ~~01. Certification. One (1) of the following must be documented:~~ (4-6-05)

- ~~a. Three (3) or more years of certification at or above the EMT-I level; (4-6-05)~~
- ~~b. Idaho licensure as a physician, licensed professional nurse or other mid-level health care provider, and current certification at any EMS provider level; (4-6-05)~~
- ~~c. Employment as an instructor by a college or university and teaching an accredited paramedic program. (4-6-05)~~
- ~~02. **Adult Instructional Methodology.** Completion of one (1) or more courses approved by the EMS Bureau based on content as listed in Subsection 226.02 of these rules. (4-6-05)~~
- ~~03. **EMS Instructor Orientation.** Completion of an EMS Bureau orientation program for EMS instructors, or equivalent, within eighteen (18) months of the proposed course start date or instructor application submission. (4-6-05)~~
- ~~04. **Application.** Submission of an application to the EMS Bureau documenting credentials, education or experience that correspond to the knowledge and skills objectives being taught. (4-6-05)~~
- ~~05. **Bureau Approval.** Approval will be verified for every primary or lead EMT-Intermediate instructor listed on each EMT-Intermediate course application. (4-6-05)~~
- ~~06. **Primary or Lead Instructors.** Primary or lead instructors must personally instruct or monitor at least ninety percent (90%) of the didactic training of the course, and must instruct or oversee the skills training in the curriculum. (4-6-05)~~

~~2340. -- 299. (RESERVED).~~

300. AMBULANCE SERVICE STANDARDS.

To qualify for licensing as an ambulance service under Section 56-1016, Idaho Code, the applicant must demonstrate compliance with the following: (4-6-05)

- 01. Ambulance Vehicles.** All ambulance and air ambulance vehicles must meet one (1) of the following conditions to be licensed: ~~(4-6-05)~~(7-1-09)T
- a.** The vehicle meets or exceeds any federal, industry, or trade specifications or standards for ambulance and air ambulance vehicles as identified by the applicant. ~~(7-1-97)~~(7-1-09)T
- b.** The vehicle has been uniquely configured or modified to meet specialized needs and has been inspected and approved by the EMS Bureau. (7-1-97)
- 02. Required Ambulance and Air Ambulance Equipment.** Each ambulance must be equipped with the following: ~~(7-1-97)~~(7-1-09)T
- a.** Medical care supplies and devices as specified in the Minimum Equipment

Standards for Licensed EMS Services. Exceptions to the minimum equipment requirements may be granted by the EMS Bureau upon inspection, when the circumstances and available alternatives assure that appropriate patient care will be provided for all foreseeable incidents.

(7-1-97)

b. Mobile radio on 155.340 MHZ and 155.280 MHZ frequencies with encoding capabilities to allow access to the Idaho EMS radio communications system; and (11-19-76)

c. Safety equipment and personal protective supplies for ~~certified~~ licensed personnel and other vehicle occupants as specified in the Minimum Equipment Standards, including materials to provide for body substance isolation and protection from exposure to communicable diseases and pathogens under Section 56-1017, Idaho Code. (~~4-6-05~~)(7-1-09)T

03. Ambulance Personnel. The ambulance service must demonstrate that a sufficient number of personnel are affiliated with the service to accomplish a twenty-four (24) hour a day, seven (7) day a week response capability in accordance with Section 56-1016, Idaho Code. The service must describe its anticipated staffing patterns per vehicle and shift on the application supplied by the EMS Bureau. The annual inspection by the EMS Bureau must include a review of the ambulance service personnel staffing configuration. (4-6-05)

04. Records to be Maintained. The ambulance service must maintain records of each ambulance and air ambulance response and submit them to the EMS Bureau at least quarterly in a form approved by the EMS Bureau. These records must include at least the following information: (~~7-1-97~~)(7-1-09)T

- a.** Name of ambulance service; and (11-19-76)
- b.** Date of response; and (7-1-97)
- c.** Time call received; and (11-19-76)
- d.** Time en route to scene; and (7-1-97)
- e.** Time arrival at scene; and (11-19-76)
- f.** Time service departed scene; and (7-1-97)
- g.** Time arrival at hospital; and (11-19-76)
- h.** Location of incident; and (11-19-76)
- i.** Description of illness/injury; and (11-19-76)
- j.** Description of patient management; and (11-19-76)
- k.** Patient destination; and (11-19-76)
- l.** Ambulance unit identification; and (11-19-76)

m. Identification and ~~certification~~ licensure level of each ambulance crew member on the response; and ~~(7-1-97)~~(7-1-09)T

n. Response outcome. (7-1-97)

05. Communications. Ambulance service dispatch must be in accordance with Section 56-1016, Idaho Code. The application for licensure must describe the radio, telephonic, or other electronic means by which patient care instructions from an authorized medical source will be obtained. The annual inspection by the EMS Bureau will include a review of the ambulance service dispatch and communications configuration. (4-6-05)

06. Medical Control Plan. The ambulance service must describe the extent and type of supervision by a licensed physician that is available to ~~certified~~ licensed personnel. The annual inspection by the EMS Bureau will include a review of the ambulance service medical control configuration. ~~(4-6-05)~~(7-1-09)T

07. Medical Treatment Protocols. The ambulance service must submit a complete copy of the medical treatment protocols and written standing orders under which its ~~certified~~ licensed personnel will function with the application for licensure. ~~(4-6-05)~~(7-1-09)T

08. Training Facility Access. The applicant must describe the arrangements which will provide access to clinical and didactic training locations, in the initial application for service licensure. (4-6-05)

09. Geographic Coverage Description. Each application for initial licensure must contain a specific description of the Idaho jurisdiction(s) that the ambulance service will serve using known geopolitical boundaries or geographic coordinates. (4-6-05)

10. Required Application. The applicant must submit a completed application to the EMS Bureau to be considered for licensure. The most current standardized form will be available from the EMS Bureau. An additional application may be required prior to subsequent annual inspection by the EMS Bureau. (4-6-05)

11. Inspection. Representatives of the EMS Bureau are authorized to enter the applicant's facility or other location as designated by the applicant at reasonable times, for the purpose of inspecting the ambulance services' vehicle(s) and equipment, ambulance and air ambulance response records, and other necessary items to determine eligibility for licensing by the state of Idaho in relation to the minimum standards in Section 56-1016, Idaho Code. ~~(4-6-05)~~(7-1-09)T

12. License. Ambulance services must be licensed on an annual basis by the EMS Bureau. (7-1-97)

301. NONTRANSPORT SERVICE STANDARDS.

In order to qualify for licensing as a nontransport service under Section 56-1016, Idaho Code, the applicant must demonstrate compliance with the following: (4-6-05)

01. Vehicles. All vehicles must meet one (1) of the following conditions to be licensed: (7-1-97)

a. The vehicle meets or exceeds standards for that type vehicle, including federal, industry, or trade specifications, as identified by the applicant and recognized and approved by the EMS Bureau. (7-1-97)

b. The vehicle has been uniquely configured or modified to meet specialized needs and has been inspected and approved by the EMS Bureau. (7-1-97)

02. Required Equipment for Nontransport Services. ~~Certified~~ Licensed personnel must have access to required equipment. The equipment must be stored on a dedicated response vehicle, or in the possession of ~~certified~~ licensed personnel. The application for licensure as a nontransport service must include a description of the following: ~~(4-6-05)~~(7-1-09)T

a. Medical care supplies and devices as specified in the Minimum Equipment Standards for Licensed EMS Services. Exceptions to the minimum equipment requirements may be granted by the EMS Bureau upon inspection, when the circumstances and available alternatives assure that appropriate patient care will be provided for all foreseeable incidents. (7-1-97)

b. Mobile or portable radio(s) on 155.340 MHZ and 155.280 MHZ frequencies with encoding capabilities to allow access to the Idaho EMS radio communications system; and (7-1-97)

c. Safety equipment and personal protective supplies for ~~certified~~ licensed personnel and other vehicle occupants as specified in the Minimum Equipment Standards for Licensed EMS Services, including materials to provide for body substance isolation and protection from exposure to communicable diseases under Section 56-10-~~723~~, Idaho Code. ~~(4-6-05)~~(7-1-09)T

03. Nontransport Service Personnel. The nontransport service must demonstrate that a sufficient number of ~~certified~~ licensed personnel are affiliated with the service to accomplish a twenty-four (24) hour a day, seven (7) day a week response capability. Exceptions to this requirement may be granted by the EMS Bureau when strict compliance with the requirement would cause undue hardship on the community being served, or would result in abandonment of the service. The annual inspection by the EMS Bureau will include a review of the personnel staffing configuration. ~~(4-6-05)~~(7-1-09)T

04. Records to Be Maintained. The nontransport service must maintain records of each EMS response in a form approved by the EMS Bureau. ~~that include at least the following information:~~ All applicant nontransport services who submit an application to the EMS Bureau after July 1, 2009 must submit records of each EMS response to the EMS Bureau at least quarterly in a form approved by the EMS Bureau. These records must include at least the following information: ~~(7-1-97)~~(7-1-09)T

a. Identification of nontransport service; ~~and~~ ~~(7-1-97)~~(7-1-09)T

b. Date of response; ~~and~~ ~~(7-1-97)~~(7-1-09)T

- c. Time call received; *and* ~~(7-1-97)~~(7-1-09)T
- d. Time en route to scene; *and* ~~(7-1-97)~~(7-1-09)T
- e. Time arrival at scene; *and* ~~(7-1-97)~~(7-1-09)T
- f. Time service departed scene; *and* ~~(7-1-97)~~(7-1-09)T
- g. Location of incident; *and* ~~(7-1-97)~~(7-1-09)T
- h. Description of illness/injury; *and* ~~(7-1-97)~~(7-1-09)T
- i. Description of patient management; *and* ~~(7-1-97)~~(7-1-09)T
- j. Patient destination; *and* ~~(7-1-97)~~(7-1-09)T
- k. Identification and licensure level of nontransport service personnel on response *and certification*; and ~~(7-1-97)~~(7-1-09)T
- l. Response outcome. (7-1-97)

05. Communications. The application for licensure must describe the radio, telephonic, or other electronic means by which patient care instructions from an authorized medical source will be obtained. The annual inspection by the EMS Bureau will include a review of the nontransport service dispatch and communications configuration. (4-6-05)

06. Medical Control Plan. The nontransport service must describe the extent and type of supervision by a licensed physician that is available to ~~certified~~ licensed personnel. The annual inspection by the EMS Bureau will include a review of the nontransport service medical control configuration. ~~(4-6-05)~~(7-1-09)T

07. Medical Treatment Protocols. The nontransport service must submit a complete copy of the medical treatment protocols and written standing orders under which its ~~certified~~ licensed personnel will function with the initial application for licensure. ~~(4-6-05)~~(7-1-09)T

08. Training Facility Access. The applicant must describe the arrangements which will provide access to clinical and didactic training locations in the initial application for service licensure. (4-6-05)

09. Geographic Coverage Description. Each application for initial licensure must contain a specific description of the Idaho jurisdiction(s) that the nontransport service will serve using known geopolitical boundaries or geographic coordinates. (4-6-05)

10. Required Application. The applicant must submit a completed application to the EMS Bureau to be considered for licensure. The most current standardized form is available from the EMS Bureau. An additional application may be required prior to subsequent annual inspection by the EMS Bureau. (4-6-05)

11. Inspection. Representatives of the Department are authorized to enter the applicant's facility or other location as designated by the applicant at reasonable times, for the purpose of inspecting the nontransport services' vehicle(s) and equipment, nontransport response records, and other necessary items to determine eligibility for licensing by the state of Idaho.

(7-1-97)

~~**12. Nontransport Service Minimum Standards Waiver.** The controlling authority providing nontransport services may petition the EMS Bureau for waiver of the nontransport service standards of these rules, if compliance with the service standards would cause undue hardship on the community being served.~~

~~(7-1-97)~~

132. License. Nontransport services must be licensed on an annual basis by the EMS Bureau.

(7-1-97)

302. -- 319. (RESERVED).

320. DESIGNATION OF CLINICAL CAPABILITY.

All ambulance and nontransport licenses issued by the EMS Bureau must indicate the clinical level of service which can be provided by the ambulance or nontransport service after verification of compliance with Section 300 or Section 301 of these rules. Agencies which provide ~~certified~~ licensed personnel at the ~~First Responder, EMR or EMT-B, or EMT-A~~ level will be designated as Basic Life Support services. Agencies which provide ~~certified~~ licensed personnel at the ~~AEMT-A or EMT-Intermediate~~ level will be designated as Intermediate Life Support services. Designation of services which function at or above the ALS level will be issued ~~in accordance with~~ under Section 340 of these rules. Licensed EMS Services may function at one (1) or more ALS levels corresponding to the designation issued by the EMS Bureau as a result of the application and inspection process required in Sections 300 and 301 of these rules.

~~(4-6-05)(7-1-09)T~~

321. -- 3234. (RESERVED).

~~**324. STANDARDS FOR AGENCIES UTILIZING EMT-INTERMEDIATE PERSONNEL.** An agency which has demonstrated compliance with Section 300 or Section 301 of these rules may qualify to utilize EMT-Intermediate personnel if the following criteria are met:~~

~~(4-6-05)~~

~~**01. Personnel.** The agency must have one (1) or more EMT-Intermediates listed on the agency personnel roster. The agency is specifically prohibited from utilizing other licensed health care providers unless they are accompanied by or are cross-trained and certified as an EMS provider.~~

~~(4-6-05)~~

~~**a.** EMT-Intermediate personnel must hold current certification issued by the EMS Bureau in accordance with Sections 501 and 510 of these rules.~~

~~(4-6-05)~~

~~**b.** An agency may use Ambulance-Based Clinicians who function with an EMT-I or are cross-trained and certified as an EMT-I. The agency must verify that all Ambulance-Based Clinicians have successfully completed a formal training program of pre-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency must assure that any Ambulance-Based Clinicians meet additional requirements of the~~

~~corresponding licensing board. (4-6-05)~~

~~e. Personnel must initiate intermediate life support as authorized by the physician designated as the medical director of the agency, and other physicians providing on-line medical direction as specified in IDAPA 22.01.06, "Rules for EMS Personnel." (4-6-05)~~

~~d. Personnel must initiate requests for on-line medical direction as dictated by the EMS agency's protocols. (4-6-05)~~

~~02. Required Documentation. The affiliation status and ongoing proficiency maintenance of the certified personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. (4-6-05)~~

~~a. The agency must submit a roster of all certified personnel and Ambulance-Based Clinicians with the initial and renewal application for licensure. (4-6-05)~~

~~b. The agency must maintain documentation of proficiency assurance of all certified personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of certification. (4-6-05)~~

~~03. Required Equipment. The agency vehicle(s) must be equipped with the minimum required equipment listed in the EMT-Intermediate Services section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. (4-6-05)~~

325. PRE-HOSPITAL ADVANCED LIFE SUPPORT (ALS) STANDARDS.

Pre-hospital ALS designation of an agency by the EMS Bureau is required for any agency which will advertise or supply clinical personnel and equipment capabilities which are within the scope of practice established under IDAPA 22.01.06 16.02.02, "Rules for EMS Personnel," Subsection 011.05, "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission," for the purposes of responding to emergencies in any 911 service area, standby, or other area on an emergency basis. Designation is for the same duration as the license issued to the EMS agency. An agency which has demonstrated compliance with Section 300 or Section 301 of these rules may qualify for Pre-hospital ALS designation if the following criteria are met: ~~(4-6-05)(7-1-09)T~~

01. Personnel. The agency must have a sufficient number of ~~EMT~~-Paramedics to assure availability of such personnel corresponding to the anticipated call volume of the agency. The agency is specifically prohibited from utilizing other licensed health care providers for pre-hospital and emergency responses to requests for EMS unless they are accompanied by or cross-trained and ~~certified licensed~~ as an ~~EMT~~-Paramedic. ~~(4-5-00)(7-1-09)T~~

a. ~~EMT~~-Paramedic personnel must hold a current ~~certification~~ license issued by the EMS Bureau ~~in accordance with~~ under Sections 501 and 510 of these rules. ~~(4-5-00)(7-1-09)T~~

b. An agency may use Ambulance-Based Clinicians who function with an ~~EMT~~-Paramedic or are cross-trained and ~~certified licensed~~ as an ~~EMT~~-Paramedic. The agency must verify that all Ambulance-Based Clinicians have successfully completed a formal training

program of pre-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency ~~shall~~ **must** assure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. ~~(4-6-05)~~(7-1-09)T

c. Personnel must initiate advanced life support as authorized by the physician designated as the Medical Director of the agency, and other physicians providing on-line medical ~~direction~~ **supervision** as specified in IDAPA ~~22.01.06~~ 16.02.02, "~~Rules for EMS Personnel, Rules of the Idaho Emergency Medical Services (EMS) Physician Commission~~" ~~Subsection 011.05~~.
~~(4-6-05)~~(7-1-09)T

02. Required Documentation. The employment status and ongoing proficiency maintenance of the ~~certified~~ **licensed** personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. ~~(4-5-00)~~(7-1-09)T

a. The agency must submit a roster of all ~~certified~~ **licensed** personnel and Ambulance-Based Clinicians with the application for licensure. Any change in the roster due to attrition or hiring must be documented to the EMS Bureau in writing within sixty (60) calendar days of the change. ~~(4-5-00)~~(7-1-09)T

b. The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all ~~certified~~ **licensed** personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of designation and any EMS Standards Manual which takes effect during the designation period. ~~(4-5-00)~~(7-1-09)T

03. Required Equipment. The agency vehicle(s) must be equipped with the Minimum Required Equipment listed in the ALS section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. (4-6-05)

04. Administrative License Action. A pre-hospital ALS designation may be suspended or revoked in accordance with Section 515 of these rules. The agency is specifically prohibited from advertising as or responding to requests for critical care transfer service unless the agency also holds Critical Care Transfer Service designation ~~in accordance with~~ **under** Section 335 of these rules. ~~(4-5-00)~~(7-1-09)T

326. -- 329. (RESERVED).

330. ADVANCED LIFE SUPPORT (ALS) TRANSFER STANDARDS.

ALS Transfer designation of an agency by the EMS Bureau is required for any agency which will advertise or supply clinical personnel and equipment capabilities which are within the scope of practice established under IDAPA ~~22.01.06~~ 16.02.02, "~~Rules for EMS Personnel Rules of the Idaho Emergency Medical Services (EMS) Physician Commission~~," ~~Subsection 011.05~~, for the purposes of providing medical care and transportation between medical care facilities. Designation is for the same duration as the license issued to the EMS agency. An agency which has demonstrated compliance with Section 300 or Section 301 of these rules may qualify for ALS Transfer designation if the following criteria are met: ~~(4-6-05)~~(7-1-09)T

01. Personnel. The agency must have a sufficient number of personnel to assure availability corresponding to the anticipated call volume of the agency. (4-5-00)

a. ~~EMT~~ Paramedic personnel must hold a current ~~certification~~ license issued by the EMS Bureau ~~in accordance with~~ under Sections 501 and 510 of these rules. (~~4-5-00~~)(7-1-09)T

b. An agency which will advertise or provide ALS transfer of patients may use Ambulance-Based Clinicians as the medical care provider for those patients. The agency ~~shall~~ must verify that all Ambulance-Based Clinicians have successfully completed a formal training program of out-of-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency ~~shall~~ must assure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. (~~4-5-00~~)(7-1-09)T

c. Personnel ~~shall~~ will initiate advanced life support as authorized by the physician designated as the Medical Director of the agency, and other physicians providing on-line medical ~~direction~~ supervision as specified in IDAPA ~~22.01.06~~ 16.02.02, "~~Rules for EMS Personnel, Rules of the Idaho Emergency Medical Services (EMS) Physician Commission.~~" ~~Subsection 011.05.~~ (~~4-5-00~~)(7-1-09)T

02. Required Documentation. The employment status and ongoing proficiency maintenance of the ~~certified~~ licensed personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. (~~4-5-00~~)(7-1-09)T

a. The agency must submit a roster of all ~~certified~~ licensed personnel and Ambulance-Based Clinicians with the application for licensure. Any change in the roster due to attrition or hiring must be documented to the EMS Bureau in writing within sixty (60) calendar days of the change. (~~4-5-00~~)(7-1-09)T

b. The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all ~~certified~~ licensed personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of designation and any EMS Standards Manual which takes effect during the designation period. (~~4-5-00~~)(7-1-09)T

03. Required Equipment. The agency vehicle(s) must be equipped with the Minimum Required Equipment listed in the ALS section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. (4-6-05)

04. Administrative License Action. An ALS Transfer designation may be suspended or revoked in accordance with Section 515 of these rules. The agency is specifically prohibited from advertising or responding to pre-hospital and emergency requests for ALS unless the agency also holds pre-hospital ALS designation in accordance with Section 325 of these rules. The agency is specifically prohibited from advertising as or responding to requests for critical care transfer service unless the agency also holds Critical Care Transfer Service designation in accordance with Section 335 of these rules. (4-5-00)

331. -- 334. (RESERVED).

335. CRITICAL CARE TRANSFER SERVICE STANDARDS.

Critical Care Transfer Service designation of an agency by the EMS Bureau is required for any agency which will advertise or supply clinical personnel and equipment capabilities requiring knowledge or skills not contained within the ~~EMT~~-Paramedic curriculum approved by the State Health Officer. Designation shall be for the same duration as the license issued to the EMS agency. An agency which has demonstrated compliance with Section 300 of these rules may qualify for Critical Care Transfer Service designation if the following criteria are met:

~~(4-5-00)~~(7-1-09)T

01. Personnel. The agency must have a sufficient number of personnel to assure availability corresponding to the anticipated call volume of the agency. (4-5-00)

a. ~~EMT~~-Paramedic personnel must hold current ~~certification~~ license issued by the EMS Bureau in accordance with Sections 501 and 510 of these rules. All ~~EMT~~-Paramedics who will be the primary or the only care provider during critical care transfers must have successfully completed a formal training program in critical care transport which meets or exceeds the objectives of the curriculum approved by the State Health Officer. ~~(4-5-00)~~(7-1-09)T

b. An agency which will advertise or provide ALS transfer of patients may use Ambulance-Based Clinicians as the medical care provider for those patients. The agency ~~shall~~ must verify that all Ambulance-Based Clinicians have successfully completed a formal training program of out-of-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency ~~shall~~ must assure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. ~~(4-5-00)~~(7-1-09)T

c. Personnel ~~shall~~ will initiate critical care as authorized by the physician designated as the Medical Director of the agency, and other physicians providing on-line medical ~~direction~~ supervision as specified in IDAPA ~~22.01.06~~ 16.02.02, "~~Rules for EMS Personnel, Rules of the Idaho Emergency Medical Services (EMS) Physician Commission.~~" ~~Subsection 011.05.~~ ~~(4-5-00)~~(7-1-09)T

02. Required Documentation. The employment status and ongoing proficiency maintenance of the ~~certified~~ licensed personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. ~~(4-5-00)~~(7-1-09)T

a. The agency must submit a roster of all ~~certified~~ licensed personnel and Ambulance-Based Clinicians with the application for licensure. Any change in the roster due to attrition or hiring must be documented to the EMS Bureau in writing within sixty (60) calendar days of the change. ~~(4-5-00)~~(7-1-09)T

b. The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all ~~certified~~ licensed personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of designation and any EMS Standards Manual which takes effect during the designation period. ~~(4-5-00)~~(7-1-09)T

03. Required Equipment. The agency vehicle(s) must be equipped with the Minimum Required Equipment listed in the ALS section of the Minimum Equipment Standards

incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. (4-6-05)

04. Administrative License Action. A Critical Care Transfer Service designation may be suspended or revoked in accordance with Section 515 of these rules. The agency is specifically prohibited from advertising or responding to pre-hospital and emergency requests for ALS unless the agency also holds pre-hospital ALS designation in accordance with Section 325 of these rules. (4-5-00)

(BREAK IN CONTINUITY OF SECTIONS)

400. ADVANCE DO NOT RESUSCITATE DIRECTIVES.

01. Protocols. (11-10-94)

a. The EMS Advisory Committee will establish standard protocols for EMS personnel to respond to advance DNR directives. (11-10-94)

b. The protocol will be reviewed at least annually by the EMS Advisory Committee to determine if changes in protocol should be made to reflect technological advances. (11-10-94)

c. The Department will notify Idaho EMS ~~providers~~ personnel of DNR protocols and any subsequent changes. (~~11-10-94~~)(7-1-09)T

02. Do Not Resuscitate Order. (11-10-94)

a. A standard DNR form will be made available to physicians by the Department or its designee. (11-10-94)

b. One (1) copy will be maintained in the patient's file and one (1) copy will be kept by the patient. (11-10-94)

03. Do Not Resuscitate Identification. (11-10-94)

a. Only a physician signed DNR order or a Department approved bracelet or necklace will be honored by EMS personnel. (11-10-94)

b. The bracelet or necklace will have an easily identifiable logo that solely represents a DNR code. (11-10-94)

c. The Department will advise EMS personnel of what constitutes an acceptable identification. (11-10-94)

d. No DNR identification may be issued without a valid DNR order in place.

(11-10-94)

e. Only vendors authorized by the Department may sell or distribute DNR identifications. (11-10-94)

401. -- 404. (RESERVED).

405. STANDARDS FOR THE APPROPRIATE USE OF AIR MEDICAL AGENCIES BY ~~CERTIFIED~~ LICENSED EMS PERSONNEL AT EMERGENCY SCENES.

01. Who Establishes Training Curricula and Continuing Education Requirements for Air Medical Criteria? The EMS Bureau will incorporate education and training regarding the air medical criteria established in Section 425 of this rule into initial training curricula and required continuing education of *certified* licensed EMS personnel.

(~~4-11-06~~)(7-1-09)T

02. Who Must Establish Written Criteria Guiding Decisions to Request an Air Medical Response? Each licensed EMS service must establish written criteria, approved by the EMS service medical director, to guide the decisions of the service's *certified* licensed EMS personnel to request an air medical response to an emergency scene. The criteria will include patient conditions found in Section 415 of these rules.

(~~4-11-06~~)(7-1-09)T

03. What Written Criteria is Required for EMS Service Licensure? Written criteria guiding decisions to request an air medical response will be required for all initial and renewal applications for EMS service licensure for licenses effective on November 1, 2006, or later.

(4-11-06)

04. Who Is Responsible for Requesting an Air Medical Response? *Certified* Licensed EMS personnel en route to or at the emergency scene have the primary responsibility and authority to request the response of air medical services *in accordance with* using the local incident management system and licensed EMS service written criteria.

(~~4-11-06~~)(7-1-09)T

05. When Can ~~Certified~~ Licensed EMS Personnel Cancel an Air Medical Response? *Certified* Licensed EMS personnel must complete a patient assessment prior to their cancellation of an air medical response.

(~~4-11-06~~)(7-1-09)T

06. Who May Establish Criteria for Simultaneous Dispatch? The licensed EMS service may establish criteria for simultaneous dispatch for air and ground medical response. Air medical services will not respond to an emergency scene unless requested.

(4-11-06)

07. Who Is Responsible for Selecting an Appropriate Air Medical Service? Selection of an appropriate air medical service is the responsibility of the licensed EMS service.

(4-11-06)

a. The licensed EMS service, through written policy, will establish a process of air medical selection.

(4-11-06)

b. The written policy must direct EMS personnel to honor a patient request for a

specific air medical service when the circumstances will not jeopardize patient safety or delay patient care. (4-11-06)

406. -- 414. (RESERVED).

415. AIR MEDICAL RESPONSE CRITERIA.

The need for an air medical request will be determined by the licensed EMS service ~~certified~~ licensed personnel based on their patient assessment and transport time. Each licensed EMS service must develop written criteria based on best medical practice principles. The following conditions must be included in the criteria: ~~(4-11-06)~~(7-1-09)T

01. What Clinical Conditions Require Written Criteria? The licensed EMS service written criteria will provide guidance to the ~~certified~~ licensed EMS personnel for the following clinical conditions: ~~(4-11-06)~~(7-1-09)T

- a.** The patient has a penetrating or crush injury to head, neck, chest, abdomen, or pelvis; (4-11-06)
- b.** Neurological presentation suggestive of spinal cord injury; (4-11-06)
- c.** Evidence of a skull fracture (depressed, open, or basilar) as detected visually or by palpation; (4-11-06)
- d.** Fracture or dislocation with absent distal pulse; (4-11-06)
- e.** A Glasgow Coma Score of ten (10) or less; (4-11-06)
- f.** Unstable vital signs with evidence of shock; (4-11-06)
- g.** Cardiac arrest; (4-11-06)
- h.** Respiratory arrest; (4-11-06)
- i.** Respiratory distress; (4-11-06)
- j.** Upper airway compromise; (4-11-06)
- k.** Anaphylaxis; (4-11-06)
- l.** Near drowning; (4-11-06)
- m.** Changes in level of consciousness; (4-11-06)
- n.** Amputation of an extremity; and (4-11-06)
- o.** Burns greater than twenty percent (20%) of body surface or with suspected airway compromise. (4-11-06)

02. What Complicating Conditions Require Written Criteria? When associated with clinical conditions in Subsection 415.01 of these rules, the following complicating conditions require written guidance for EMS personnel: (4-11-06)

- a. Extremes of age; (4-11-06)
- b. Pregnancy; and (4-11-06)
- c. Patient “do not resuscitate” status as described in Section 400 of these rules. (4-11-06)

03. What Operational Conditions Require Written Guidance for an Air Medical Response? The licensed EMS service written criteria will provide guidance to the ~~certified~~ licensed EMS personnel for the following operational conditions: (~~4-11-06~~)(7-1-09)T

- a. Availability of local hospitals and regional medical centers; (4-11-06)
- b. Air medical response to the scene and transport to an appropriate hospital will be significantly shorter than ground transport time; (4-11-06)
- c. Access to time sensitive medical interventions such as percutaneous coronary intervention, thrombolytic administration for stroke, or cardiac care; (4-11-06)
- d. When the patient's clinical condition indicates the need for advanced life support and air medical is the most readily available access to advanced life support capabilities; (4-11-06)
- e. As an additional resource for a multiple patient incident; (4-11-06)
- f. Remote location of the patient; and (4-11-06)
- g. Local destination protocols. (4-11-06)

(BREAK IN CONTINUITY OF SECTIONS)

425. LANDING ZONE AND SAFETY.

01. Who Is Responsible for Setting Up Landing Zone Procedures? The licensed EMS service in conjunction with the air medical service(s) must have written procedures for establishment of landing zones. Such procedures will be compatible with the local incident management system. (4-11-06)

02. What Are the Responsibilities of Landing Zone Officers? The procedures for establishment of landing zones must include identification of Landing Zone Officers with responsibility for the following: (4-11-06)

- a. Landing zone preparation; (4-11-06)
- b. Landing zone safety; and (4-11-06)
- c. Communication between ground and air agencies. (4-11-06)

03. What Training Is Required for Landing Zone Officers? The licensed EMS service will assure that EMS ~~certified~~ licensed personnel, designated as Landing Zone Officers, have completed training in establishing an air medical landing zone based on the following elements: ~~(4-11-06)~~(7-1-09)T

- a. The required size of a landing zone; (4-11-06)
- b. The allowable slope of a landing zone; (4-11-06)
- c. The allowable surface conditions; (4-11-06)
- d. Hazards and obstructions; (4-11-06)
- e. Marking and lighting; (4-11-06)
- f. Landing zone communications; and (4-11-06)
- g. Landing zone safety. (4-11-06)

04. What Is the Deadline for Obtaining Training as Landing Zone Officers? Current EMS ~~certified~~ licensed personnel, designated as Landing Zone Officers, must complete the required training described in Subsection 425.03 of these rules by June 30, 2007.

~~(4-11-06)~~(7-1-09)T

05. What Is the Deadline for Training as a Landing Zone Officer for EMS ~~Recertification~~ License Renewal? All EMS certified personnel will complete training described in Subsection 425.03 of these rules as a component of required continuing education for ~~recertification~~ license renewal not later than ~~June~~ September 30, 2010. ~~(4-11-06)~~(7-1-09)T

06. Who Has the Final Decision to Use an Established Landing Zone? The air medical pilot may refuse the use of an established landing zone. In the event of pilot refusal, the landing zone officer will initiate communications to identify an alternate landing zone. (4-11-06)

426. -- 429. (RESERVED).

430. PATIENT DESTINATION.

The air medical service must have written procedures for determination of patient destination.

(4-11-06)

01. Procedures for Destination Protocol and Medical ~~Direction~~ Supervision. The air medical service written procedure will consider the licensed EMS service destination protocol

and medical ~~direction~~ supervision received.

~~(4-11-06)~~(7-1-09)T

02. Availability of Written Procedures. The air medical service must make the written procedures available to licensed EMS services that utilize their services. (4-11-06)

03. Determination of Destination Will Honor Patient Preference. The air medical procedures for determination of destination will honor patient preference if the requested facility is capable of providing the necessary medical care and if the requested facility is located within a reasonable distance not compromising patient care or the EMS system. (4-11-06)

(BREAK IN CONTINUITY OF SECTIONS)

500. ~~CERTIFICATION LICENSURE.~~

In order to practice or represent himself as a *First Responder* EMR, EMT-B, AEMT-A, ~~EMT-I~~, or ~~EMT-Paramedic~~, an individual must maintain a current ~~certification~~ license issued by the EMS Bureau. ~~(4-6-05)~~(7-1-09)T

501. INITIAL ~~CERTIFICATION LICENSURE.~~

Upon successful completion of an EMS training program, a candidate may apply for ~~certification~~ license to the EMS Bureau. In addition, candidates must satisfy the following requirements:

~~(4-6-05)~~(7-1-09)T

01. Affiliation Required. Candidates for ~~certification~~ license at the EMR, EMT-B, AEMT-A, ~~EMT-I~~, and ~~EMT-Paramedic~~ levels must have current affiliation with a licensed EMS service which functions at, or higher than, the level of ~~certification~~ license being sought by the applicant; ~~(4-6-05)~~(7-1-09)T

02. Required Identification. Candidates for ~~certification~~ license at any level must have a state driver's license, an Idaho identification card which is issued by a county driver's license examining station, or identification card issued by the Armed Forces of the United States; and ~~(7-1-97)~~(7-1-09)T

03. Criminal Background Check. A criminal background check must be conducted for all ~~applicants~~ candidates for initial ~~certification~~ license in accordance with the standards and procedures established in IDAPA 16.05.06, "Criminal History and Background Checks." The Division or the EMS Bureau may require an updated or additional criminal background check at any time, without expense to the ~~applicant~~ candidate, if there is cause to believe new or additional information will be disclosed. Denial without the grant of an exemption under IDAPA 16.05.06, will result in denial or revocation of ~~certification~~ license. ~~(4-6-05)~~(7-1-09)T

04. Fee for Initial ~~Certification~~ License. The fee for initial ~~certification~~ license for AEMT-A, ~~EMT-I~~, and ~~EMT-Paramedic~~ is thirty-five dollars (\$35). ~~(4-6-05)~~(7-1-09)T

05. Required Examination. Candidates for ~~certification~~ license at any level must obtain a passing score on the standardized examination designated by the EMS Bureau. The

examination type must correspond to the level of certification licensure being sought in accordance with the EMS Standards Manual in effect at the time of application. (4-6-05)(7-1-09)T

502. -- 509. (RESERVED).

510. ~~CERTIFICATION LICENSURE DURATION AND RECERTIFICATION LICENSE RENEWAL.~~

All certification licensure is for the following specified intervals of time, during which time required continuing education, refresher courses and other proficiency assurances must be completed in order to renew the certification licensure. (4-6-05)(7-1-09)T

01. ~~First Emergency Medical Responder Certification Licensure.~~ An First Emergency Medical Responder will be issued certification a license for three (3) years. The duration of initial certification licensure may be up to forty-two (42) months from the date of examination. Continuing education and refresher course must be conducted ~~in accordance with~~ following the EMS Standards Manual in effect at the beginning of the certification licensure interval. (4-6-05)(7-1-09)T

02. ~~EMT-B Certification Licensure.~~ An EMT-B will be issued certification a license for three (3) years. The duration of initial certification licensure may be up to forty-two (42) months from the date of examination. Continuing education, refresher course, and proficiency assurance documentation must be conducted in accordance with the EMS Standards Manual in effect at the beginning of the certification licensure interval. (4-6-05)(7-1-09)T

03. ~~AEMT-A Certification Licensure.~~ An AEMT-A will be issued certification a license for two (2) years. The duration of initial certification licensure may be up to thirty (30) months from the date of examination. Continuing education, refresher course, and proficiency assurance documentation must be conducted ~~in accordance with~~ following the EMS Standards Manual in effect at the beginning of the certification licensure interval. The fee for recertification license renewal is twenty-five dollars (\$25). (4-6-05)(7-1-09)T

04. ~~EMT-I Certification.~~ ~~An EMT-I will be issued certification for two (2) years. The duration of initial certification may be up to thirty (30) months from the date of examination. Continuing education, refresher course, and proficiency assurance documentation must be conducted in accordance with the EMS Standards Manual in effect at the beginning of the certification interval. The fee for recertification is twenty-five dollars (\$25).~~ (4-6-05)

054. ~~EMT-P Certification Paramedic Licensure.~~ An EMT-Paramedic will be issued certification a license for two (2) years. The duration of initial certification licensure may be up to thirty (30) months from the date of examination. Continuing education, refresher courses, and proficiency assurance documentation will be conducted ~~in accordance with~~ following the EMS Standards Manual in effect at the beginning of the certification licensure interval. The fee for recertification license renewal is twenty-five dollars (\$25). (4-6-05)(7-1-09)T

065. Required Documentation. Documentation of recertification license renewal requirements is due to the EMS Bureau prior to the certification licensure expiration date. Failure to submit complete documentation of requirements by the certification licensure expiration date

renders the certification license invalid and the candidate must not practice or represent himself as certified licensed personnel. (4-6-05)(7-1-09)T

076. Affiliation Required. Candidates for recertification license renewal at the EMR, EMT-B, AEMT-A, EMT-I, and EMT-Paramedic levels must have current affiliation with a licensed EMS service. (4-6-05)(7-1-09)T

511. LAPSED CERTIFICATION LICENSE.

After the expiration date of certification a license issued by the EMS Bureau, the certification license will no longer be valid unless required recertification license renewal documentation has been submitted. No grace periods or extensions to an expiration date may be granted.

(4-6-05)(7-1-09)T

01. Reinstatement of Certification License. An individual may submit recertification license renewal documentation up to a maximum of two (2) years following the certification license expiration date. In order for certification license to be reinstated individuals must meet the requirements for initial certification license. Continuing education proportionate to the amount of time since the last recertification license renewal must be documented.

(7-1-97)(7-1-09)T

02. Re-Entry. An individual whose certification license has been expired for more than two (2) years must attend and successfully complete an initial training program for the level of certification licensure being sought. All other requirements for initial certification licensure must be met.

(4-6-05)(7-1-09)T

512. SURRENDER OF A CERTIFICATION OR LICENSE.

An individual who possesses a current certification or license may relinquish that certification or license at any time by submitting a letter of intent to the EMS Bureau. This action may not prevent investigative or disciplinary action against the individual, which may take place thereafter.

(7-1-97)(7-1-09)T

513. REVERSION.

An individual who possesses a current certification or license may relinquish that certification or license and receive a certification license at a lower level with the same expiration date as the original certification or license. The individual must meet all requirements for initial certification licensure. This action may not prevent investigative or disciplinary action against the individual which may take place thereafter.

(7-1-97)(7-1-09)T

514. RECIPROCITY.

An individual who has successfully completed an EMS training program approved by another state, U.S. Territory, or branch of the U.S. Armed Services may apply for EMS certification licensure if the individual satisfies the criteria for initial certification licensure and has current NREMT registration or a state EMS certification or licensure at or above the level of certification licensure being sought.

(7-1-97)(7-1-09)T

515. ADMINISTRATIVE LICENSE ACTION.

Any license or certification may be suspended, revoked, denied, or retained only upon compliance with conditions imposed by the Bureau Chief, for any action, conduct, or failure to act which is inconsistent with the professionalism, and/or standards, or both, established by these rules

including, but not limited to the following:

~~(7-1-97)~~(7-1-09)T

- 01. Any Violation.** Any violation of these rules. (7-1-97)
- 02. Failure to Maintain Standards of Knowledge, ~~and/or~~ Proficiency, or Both.** Failure to maintain standards of knowledge, ~~and/or~~ proficiency, or both, required under these rules; ~~(7-1-97)~~(7-1-09)T
- 03. A Lawful Finding.** A lawful finding of mental incompetency. (7-1-97)
- 04. Performance of Duties.** Performance of duties pursuant to said license or certificate while under the influence of alcohol or any illegal substance. (7-1-97)
- 05. Any Conduct, Action, or Conviction.** Any conduct, action, or conviction which does or would result in denial without exemption of a criminal history clearance under IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-97)
- 06. Discipline, Restriction, Suspension or Revocation.** Discipline, restriction, suspension or revocation in any other jurisdiction. (7-1-97)
- 07. Any Conduct, Condition, or Circumstance.** Any conduct, condition, or circumstance determined by the Bureau Chief which constitutes a danger or threat to the health, safety, or well-being of persons or property. (7-1-97)
- 08. Performing Any Medical Procedure or Providing Medication.** Performing any medical procedure or providing medication which deviates from or exceeds the scope of practice for the corresponding level of ~~certification~~ licensure established under IDAPA ~~22.01.06~~ 16.02.02, "~~Rules for EMS Personnel~~ Rules of the Idaho Emergency Medical Services (EMS) Physician Commission." ~~(7-1-97)~~(7-1-09)T
- 09. Providing Any Service Without Licensure or Designation.** Advertising or providing any service which exceeds the level of licensure and ALS designation; responding to any jurisdiction outside of the coverage area declared on the current EMS service application, with the exception of responses to any locally declared disaster when the response is specifically requested by the incident commander or his designee; or responding in a manner which is in violation of the county EMS ordinance in which the call originates. (4-5-00)
- 10. Falsification of Applications or Reports.** The submission of fraudulent or false information in any report, application, or documentation to the EMS Bureau. (4-5-00)

516. -- 599. (RESERVED).

600. WHO MAY REPORT A DISCIPLINARY VIOLATION.

Any person who knows of a violation of any law or rule by the holder of an emergency medical services certificate or license issued ~~pursuant to~~ under these rules may report the violation to the EMS Bureau. ~~(7-1-97)~~(7-1-09)T

601. PRELIMINARY INVESTIGATION.

The EMS Bureau ~~shall~~ will make a preliminary investigation of all the facts and circumstances surrounding the reported facts and events and ~~shall~~ will make a report of such facts to the ~~Emergency Medical Services Advisory Committee Disciplinary Subcommittee~~ Commission for a recommendation of appropriate action. The subject of the investigation shall be given an opportunity to respond in writing, or at the option of the EMS Bureau, in person, to the reported violation. ~~(7-1-97)~~(7-1-09)T

602. CONFIDENTIALITY OF INVESTIGATION.

Preliminary investigations and papers in connection with them ~~shall~~ will be confidential until a notice of certificate or license action is issued. ~~(7-1-97)~~(7-1-09)T

603. NOTICE OF ~~CERTIFICATE~~ LICENSURE ACTION.

The Bureau Chief ~~shall~~ will notify the certificate or license holder of any intended license action, or ~~shall~~ will notify the certificate or license holder that no action will be taken. If the certificate or license holder fails to file an administrative appeal, the intended license action ~~shall~~ will become effective without further notice. ~~(7-1-97)~~(7-1-09)T

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.03.04 - RULES GOVERNING THE FOOD STAMP PROGRAM IN IDAHO
DOCKET NO. 16-0304-0902
NOTICE OF RULEMAKING - ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is June 1, 2009. This temporary rule will be in effect for twelve months and will expire on May 31, 2010, unless the rule is not extended by concurrent resolution of the 2010 Legislature in which case the rule expires at the conclusion of the 2010 legislative session.

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 56-203, Idaho Code.

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

Given the current economic climate and the burden placed on low-income Idahoans in need of food assistance, the Department is removing the asset test as one of the requirements for food stamp eligibility at the time of application. This rule change will be effective for a period of twelve months beginning June 1, 2009. The change will allow individuals with very low incomes who would otherwise be eligible for benefits, if not for the ownership of some assets, to access necessary food assistance. This policy change aligns with the economic stimulus efforts of the American Recovery and Reinvestment Act of 2009.

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:

Low-income Idahoans in the current economic climate are in need of food assistance and the changes in this rulemaking will confer a benefit to help those in need.

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

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

Although the actual benefit payments for Food Stamps are 100% federally-funded, the Department estimates it will need supplemental funds of \$40,200 (\$20,100 in general funds and \$20,100 in federal matching funds) for the 2009 State Fiscal Year. For State Fiscal Year 2010, the Department will require an appropriation of \$462,000 (\$231,000 general funds and \$231,000 federal funds).

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was not conducted because of the need for temporary rulemaking.

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

DATED this 29th day of May, 2009.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5564 phone; (208) 334-6558 fax
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THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE

010. DEFINITIONS A THROUGH D.

For the Food Stamp Program, the following definitions apply: (4-11-06)

01. Adequate Notice. Notice a household must receive on or before the first day of the month an action by the Department is effective. (4-6-05)

02. Administrative Error Claim. A claim resulting from an overissuance caused by the Department's action or failure to act. (6-1-94)

03. Aid to the Aged, Blind and Disabled (AABD). Cash, excluding in-kind assistance, financed by federal, state or local government and provided to cover living expenses or other basic needs. (4-11-06)

04. Applicant. A person applying for Food Stamps. (6-1-94)

05. Application for Participation. The application form filed by the head of the household or authorized representative. (6-1-94)

06. Application for Recertification. When a household applies for recertification within thirty (30) days of the end of the certification period, it is considered an application for recertification even if a partial month of benefits is received. (4-11-06)

07. Authorized Representative. A person designated by the household to act on behalf of the household to apply for or receive and use Food Stamps. Authorized representatives include private nonprofit organizations or institutions conducting a drug addiction or alcoholic treatment and rehabilitation center acting for center residents. Authorized representatives include group living arrangement centers acting for center residents. Authorized representatives include battered women's and children's shelters acting for the shelters' residents. Homeless meal

providers may not be authorized representatives for homeless Food Stamp recipients. (4-11-06)

08. Battered Women and Children's Shelter. A shelter for battered women and children which is a public or private nonprofit residential facility. If the facility serves others, a portion of the facility must be set aside on a long-term basis to serve only battered women and children. (6-1-94)

09. Boarder. Any person or group to whom a household, other than a commercial boarding house, furnishes meals and lodging in exchange for an amount equal to or greater than the thrifty food plan. Children, parents and spouses in a household must not be treated as boarders. (6-1-94)

10. Boarding House. A licensed commercial enterprise offering meals and lodging for payment to make a profit. (6-1-94)

11. Categorical Eligibility. There are two (2) types of categorically eligible households: (6-1-09)T

a. Categorically Eligible Household. If all household members receive or are authorized to receive a monthly cash payment through TAFI, AABD₂ or SSI, the household is categorically eligible. A ~~C~~categorically eligible household ~~are~~ is exempt from resource, gross, and net income eligibility standards. (~~4-11-06~~)(6-1-09)T

b. Expanded Categorically Eligible Household. If a household receives a TANF-funded non-cash or in-kind service, it is categorically eligible. An expanded categorically eligible household must meet the gross and net income standards for its household size. An expanded categorically eligible household is exempt from resource standards. (6-1-09)T

12. Certification Determination. Actions necessary to determine household eligibility including interviews, verification, approval, denial, field investigation, analysis and corrective action necessary to insure prompt, efficient and correct certifications. (6-1-94)

13. Certification Period. The period of time a household is certified to receive Food Stamp benefits. The month of application counts as the first month of certification. (4-11-06)

14. Claim Determination. The action taken by the Department establishing the household's liability for repayment when an overissuance of Food Stamps occurs. (6-1-94)

15. Change Reporting Household (CR). A household in which all members are elderly or disabled. (4-11-06)

16. Client. A person entitled to or receiving Food Stamps. (6-1-94)

17. Department. The Idaho Department of Health and Welfare. (6-1-94)

18. Desk Review. A desk review is a recertification that may or may not include talking to the participant. (4-11-06)

19. Disqualified Household Members. Individuals required to be excluded from participation in the Food Stamp Program are Disqualified Household Members. These include: (6-1-94)

a. Ineligible legal non-citizen who do not meet the citizenship or eligible legal non-citizen requirements. (7-1-98)

b. Individuals awaiting proof of citizenship when citizenship is questionable. (6-1-94)

c. Individuals disqualified for failure or refusal to provide a Social Security Number (SSN). (6-1-94)

d. Individuals disqualified for Intentional Program Violation (IPV). (6-1-94)

e. Individuals disqualified for receiving three (3) months of Food Stamps in a three (3) year period in which they did not meet the work requirement for able-bodied adults without dependent children. (7-1-98)

f. Individuals disqualified as a fugitive felon or probation or parole violator. (7-1-98)

g. Individuals disqualified for a voluntary quit or reduction of hours of work to less than thirty (30) hours per week. (7-1-98)

h. Individuals disqualified for failure to cooperate in establishing paternity and obtaining support for a child under eighteen (18). (7-1-98)

i. Individuals convicted under federal or state law of any offense classified as a felony involving the possession, use, or distribution of a controlled substance when they do not comply with the terms of a withheld judgment, probation, or parole. The felony must have occurred after August 22, 1996. (3-30-01)

20. Documentation. The method used to record information establishing eligibility. The information must sufficiently explain the action taken and the proof and how it was used. (6-1-94)

21. Drug Addiction or Alcoholic Treatment Program. Any drug addiction or alcoholic treatment rehabilitation program conducted by a private nonprofit organization or institution or a publicly operated community mental health center under Part B of Title XIX of the Public Health Service Act (42 USC 300x, et seq.). Indian reservation based centers may qualify if FCS requirements are met and the program is funded by the National Institute on Alcohol Abuse under Public Law 91-616 or was transferred to Indian Health Service funding. (4-6-05)

(BREAK IN CONTINUITY OF SECTIONS)

178. CATEGORICALLY ELIGIBLE HOUSEHOLDS.

Households with all members meeting one (1) of the criteria below are categorically eligible for Food Stamps. ~~Categorically eligible households are resource and income eligible.~~ The Department will not compute resource eligibility. The Department will not compute gross or net income eligibility. Categorically eligible households must meet all other Food Stamp eligibility criteria. Categorically eligible households have the same rights as other households.

~~(6-1-94)~~(6-1-09)T

01. Cash Benefits. All household members are approved for, or already ~~get~~ receive, TAFI or AABD or SSI cash benefits. The household is categorically eligible. ~~(7-1-98)~~(6-1-09)T

02. Benefits Recouped. All household members have AABD or SSI benefits being recouped. The household is categorically eligible. (7-1-98)

03. Grant Less Than Ten Dollars. All household members not ~~getting~~ receiving TAFI or AABD or SSI because their grant is less than ten dollars (\$10). The household is categorically eligible. ~~(7-1-98)~~(6-1-09)T

179. HOUSEHOLDS NOT CATEGORICALLY ELIGIBLE.

The households listed below are not categorically eligible for Food Stamps unless they meet the criteria listed in Section 181 of these rules. ~~(6-1-94)~~(6-1-09)T

01. Medicaid Only. Households are not categorically eligible if any household member ~~gets~~ receives Medicaid benefits only. ~~(6-1-94)~~(6-1-09)T

02. IPV. Households are not categorically eligible, if any household member is disqualified for a Food Stamp Intentional Program Violation (IPV). (6-1-94)

03. Work Requirements. Households are not categorically eligible, if any household member fails to comply with the Food Stamp work requirements. (6-1-94)

04. Ineligible Legal Non-Citizen or Student. Households are not categorically eligible if any member is an ineligible legal non-citizen or ineligible student. (7-1-98)

05. Nonexempt Institution. Households are not categorically eligible if any member is a person living in a nonexempt institution. (6-1-94)

180. CATEGORICAL ELIGIBILITY ENDS.

Categorical eligibility ends when ~~one~~ the household member is no longer ~~eligible for TAFI, AABD or SSI~~ meets any of the criteria listed in Sections 178 or 181 of these rules. If the household is still eligible under Food Stamp rules, the household will continue to ~~get~~ receive Food Stamps. If categorical eligibility ends and household income or resources exceed the Food Stamp limits, the household is no longer eligible for Food Stamps. Food Stamps will stop after timely advance notice. ~~(7-1-98)~~(6-1-09)T

181. ~~MIXED~~ ~~HOUSEHOLDS~~ EXPANDED CATEGORICALLY ELIGIBLE HOUSEHOLDS.

~~Households with at least one (1) member meeting the conditions below are mixed households.~~

~~Resources of members meeting the conditions below are excluded. Resources of the other household members are counted.~~ Effective June 1, 2009, a household receiving TANF-funded non-cash or in-kind services is considered an expanded categorically eligible household. The household must meet the gross and net income standards for its household size. An expanded categorically eligible household with members who are aged or disabled must have gross income at or below two hundred percent (200%) of the FPG, and must meet the net income standards for its household size. An expanded categorically eligible household is exempt from resource standards. A household's expanded categorical eligibility is determined as of the Food Stamp interview date. ~~(6-1-94)~~(6-1-09)T

~~**01. Cash Benefits.** Household member is approved for, or already gets, TAFI or AABD or SSI cash benefits.~~ (7-1-98)

~~**02. Benefits Recouped.** Household member has AABD or SSI benefits being recouped.~~ (7-1-98)

~~**03. Grant Less Than Ten Dollars.** Household member not getting TAFI or AABD or SSI because the grant is less than ten dollars (\$10).~~ (7-1-98)

(BREAK IN CONTINUITY OF SECTIONS)

302. CATEGORICALLY ELIGIBLE HOUSEHOLD.

A household is exempt from the resource limit if all household members ~~receive or are authorized to receive monthly cash payments through TAFI, AABD, or SSI~~ meet any of the criteria listed in Sections 178 or 181 of these rules. ~~(4-11-06)~~(6-1-09)T

(BREAK IN CONTINUITY OF SECTIONS)

304. COUNTING RESOURCES FOR RECIPIENTS.

Determine resources for recipients throughout the certification period as described in Section 601 of these rules. The assets of a categorically eligible household will be excluded until eligibility is re-evaluated at the next recertification or twelve (12) month contact. ~~(4-11-06)~~(6-1-09)T

01. Anticipated Resources. If resources are anticipated at any time during an upcoming month or months, a resource determination must be made. Anticipated resources affect the entire month's eligibility for the month of receipt. (6-1-94)

02. Unanticipated Newly Acquired Resources. Consider unanticipated newly acquired resources available as of the first day of the month following the receipt of the new resource. If the client spends or uses up the resource before the first day of the next month, the resource will not be counted the next month. (6-1-94)

(BREAK IN CONTINUITY OF SECTIONS)

601. REPORTING REQUIREMENTS AND RESPONSIBILITIES.

The household must report and verify changes in circumstances based on the requirements for the reporting group to which the household is assigned. Changes may be reported by phone, by mail, or directly to the Department. Households must report as follows: (4-6-05)

01. Change Reporting (CR) Households. Change reporting households must report the following: (4-11-06)

- a. Unearned income changes of more than fifty dollars (\$50); (4-6-05)
- b. Earned income changes of more than one hundred dollars (\$100); (4-6-05)
- c. Address changes and new shelter and utility expenses related to a change in address; (1-1-09)T
- d. Changes in household composition; and (4-6-05)
- e. When resources exceed the resource limit unless the household is categorically eligible under Sections 178 or 181 of these rules. ~~(4-6-05)~~(6-1-09)T

02. Simplified Reporting (SR) Households. Simplified reporting households must report the following: (4-6-05)

- a. When the household's total gross income exceeds one hundred thirty percent (130%) of the Federal Poverty Guideline (FPG) for the household size; (4-6-05)
- b. Any change of address; and (4-11-06)
- c. A decrease in ABAWD hours to less than eighty (80) hours per month. (4-6-05)

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.03.05 - RULES GOVERNING ELIGIBILITY FOR AID TO THE AGED,
BLIND, AND DISABLED (AABD)

DOCKET NO. 16-0305-0904

NOTICE OF RULEMAKING - ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of these temporary rules is January 1, 2010.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed rulemaking procedures have been initiated. The action is authorized pursuant to Section 56-202, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than December 16, 2009.

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

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

The Department is amending these rules to comply with the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008. These rules align the Medicare Savings Program for Qualified Medicare Beneficiary (QMB), the Specified Low-Income Medicare Beneficiary (SLMB), and the Qualifying Individual (QI) for Medicare Part B with the Full-Benefit Low-Income Subsidy (LIS) Program resource limits.

The Social Security Administration provides the Department a list of LIS applicants. These rules provide that the Medicare Savings Program application date is the day they apply for LIS.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section 67-5226(1)(b), Idaho Code, the Governor has found that temporary adoption of these rules is appropriate to meet requirements in federal law.

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

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

The fiscal impact for this rulemaking is based on the Qualified Medicare Beneficiary

(QMB), the Specified Low-Income Medicare Beneficiary (SLMB), and the Qualifying Individual (QI) for Medicare Part B Premiums. For SFY 2010, the anticipated state general funds impact is \$199,700 and federal matching funds of \$777,700. For SFY 2011, the anticipated state general funds impact is \$1,834,000 and federal matching funds of \$5,496,300. These amounts are reflected in the Medicaid Trustee and Benefit expenditure projections for the state fiscal years of 2010 and 2011.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was not conducted because these are being amended to align with federal regulations.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Susie Cummins at (208) 732-1419.

Anyone may submit written comments regarding the proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before December 23, 2009.

DATED this 4th day of November, 2009.

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

THE FOLLOWING IS THE TEMPORARY TEXT FOR DOCKET NO. 16-0305-0904

050. APPLICATION FOR ASSISTANCE.

01. Application Submitted by Participant. The participant must submit an application form to the Department. An adult participant, a legal guardian or a representative, must sign the application form. ~~(7-1-09)~~(1-1-10)T

02. Application Submitted Through Social Security Administration (SSA) Low-Income Subsidy Data Transmission. For low-income subsidy applicants identified on the SSA data transmission, the protected Medicare Savings Program application date is the day they applied for the low-income subsidy (LIS). (1-1-10)T

(BREAK IN CONTINUITY OF SECTIONS)

810. QUALIFIED MEDICARE BENEFICIARY (QMB).

A person meeting all requirements in Subsections 810.01 through 810.07 is eligible for QMB. QMB Medicaid pays Medicare premiums, coinsurance, and deductibles. (7-15-02)

01. Medicare Part A. The participant must be entitled to hospital insurance under Part A of Medicare at the time of his application. (7-1-99)

02. Nonfinancial Requirements. The participant must meet the Medicaid residence, citizenship, support cooperation, and SSN requirements. (7-1-99)

03. Income. Monthly income must not exceed one hundred percent (100%) of the ~~official poverty line defined by the Federal Office of Management and Budget (OMB)~~ Federal Poverty Guidelines (FPG). The single person income limit is the poverty line for a family of one (1) person. The couple income limit is the poverty line for a family of two (2) persons. The annual Social Security cost of living increase is disregarded from income, until the month after the month the annual ~~Federal poverty line~~ FPG revision is published. AABD cash is not counted as income. The income exclusions and disregards used for AABD are used for QMB. ~~(3-20-04)~~(1-1-10)T

04. Dependent Income. Income of the dependent child, parent, or sibling is not counted. (7-1-99)

05. QMB Dependent Family Member Disregard. A dependent family member is a minor child, adult child meeting SSA disability criteria, parent or sibling of the participant or spouse living with the participant. The family member is or could be claimed on the Federal tax return of the participant or spouse. A participant with a dependent family member has an income disregard based on family size. The spouse is included in family size, whether or not the spouse is also participant. The disregard is based on the official poverty line income as defined by the OMB. The disregard is the difference between the poverty line for one (1) person, or two (2) persons if the participant has a spouse, and the poverty line for the family size including the participant, spouse, and dependent. (7-1-99)

06. Resource Limit. ~~The resource limit for a single participant is four thousand dollars (\$4,000). The resource limit for a couple is six thousand dollars (\$6,000).~~ Resources must not exceed the resource standard applied to the full low-income subsidy defined in 42 U.S.C. 1395w-114 of the Social Security Act. The resource exclusions used for AABD are used for QMB. ~~(3-20-04)~~(1-1-10)T

07. Effective Dates. The effective date of QMB coverage is no earlier than the first day of the month after the approval month. A QMB participant is not entitled to backdated Medicaid. (7-1-99)

811. SPECIFIED LOW INCOME MEDICARE BENEFICIARY (SLMB).

A person meeting all requirements in Subsections 811.01 through 811.07~~6~~ is eligible for SLMB. Medicaid pays the Medicare Part B premiums for a SLMB. The income and resource exclusions and disregards used for AABD are used for SLMB. ~~(3-20-04)~~(1-1-10)T

01. Other Medicaid. The SLMB may be eligible for other Medicaid. ~~The SLMB-H cannot be eligible for any other type of Medicaid.~~ (3-20-04)(1-1-10)T

02. Medicare Part A. The SLMB must be entitled to hospital insurance under Part A of Medicare at the time of his application. (7-1-99)

03. Nonfinancial Requirements. The SLMB must meet the Medicaid eligibility requirements of residence, citizenship, support cooperation, and SSN. (7-1-99)

04. Income. The annual Social Security cost of living increase is disregarded from income, until the month after the month the annual ~~Federal poverty line~~ FPG revision is published. ~~The monthly income limit depends on the SLMB group.~~ The single person limit is based on a family of one (1). The couple limit is based on a family of two (2). The monthly income limit ~~for SLMB Group I is up to one hundred twenty percent (120%) of the Federal poverty line FPG. Monthly income for SLMB Group II is at least one hundred and twenty percent (120%) and not more than one hundred thirty five percent (135%) of the Federal poverty line.~~ (3-20-04)(1-1-10)T

05. Resource Limit. ~~The resource limit for a single person is four thousand dollars (\$4,000). The resource limit for a couple is six thousand dollars (\$6,000).~~ Resources must not exceed the resource standard applied to the full low-income subsidy defined in 42 USC 1395w-114 of the Social Security Act. The resource exclusions used for AABD are used for SLMB. (7-1-99)(1-1-10)T

06. Coverage Limits. ~~Medicaid pays the Medicare Part B premium for SLMB Group I. There is no annual limit on participants served. Medicaid pays the Medicare Part B premium for SLMB Group II. There is an annual limit on participants served, based on availability of Federal funds. New applications are denied when the annual limit is reached.~~ (3-20-04)

076. Effective Dates. SLMB coverage begins on the first day of the application month. SLMB coverage may be backdated up to three (3) calendar months before the application month. (7-1-99)

08. Status of SLMB Group II. ~~SLMB Group II is extended to at least January 21, 2003, pending action by the U. S. Congress.~~ (3-20-04)

812. QUALIFIED INDIVIDUAL (QI).

A person meeting all requirements in Subsections 812.01 through 812.07 is eligible for QI. Medicaid pays the Medicare Part B premiums for a QI. The income and resource exclusions and disregards used for AABD are used for QI. (1-1-10)T

01. Other Medicaid. The QI cannot be eligible for any other type of Medicaid. (1-1-10)T

02. Medicare Part A. The QI must be entitled to hospital insurance under Part A of Medicare at the time of his application. (1-1-10)T

03. Nonfinancial Requirements. The QI must meet the Medicaid eligibility

requirements of residence, citizenship, support cooperation, and SSN. (1-1-10)T

04. Income. The annual Social Security cost of living increase is disregarded from income, until the month after the month the annual FPG revision is published. The single person limit is based on a family of one (1). The couple limit is based on a family of two (2). The monthly income limit is up to one hundred thirty-five percent (135%) of the FPG. (1-1-10)T

05. Resource Limit. Resources must not exceed the resource standard applied to the full low-income subsidy defined in 42 USC 1395-114 of the Social Security Act. The resource exclusions used for AABD are used for SLMB. (1-1-10)T

06. Coverage Limits. There is an annual limit on participants served, based on availability of federal funds. New applications are denied when the annual limit is reached. (1-1-10)T

07. Effective Dates. QI coverage begins on the first day of the application month. QI coverage may be backdated up to three (3) calendar months before the application month. (1-1-10)T

8123. QUALIFIED DISABLED AND WORKING INDIVIDUAL (QDWI).

A person meeting all requirements in Subsections 812.01 through 812.05 of these rules is eligible for QDWI. The person must not be eligible for any other type of Medicaid. A QDWI is eligible only for Medicaid payment of his Medicare Part A premium. (3-15-02)

01. Age and Disability. The participant must be a disabled worker under age sixty-five (65). (7-1-99)

02. Nonfinancial Requirements. The participant must meet the Medicaid eligibility requirements of residence, citizenship, support cooperation and SSN. (7-1-99)

03. Section 1818A Medicare. SSA determined the participant meets the conditions of Section 1818A of the Social Security Act. (7-1-99)

04. Income. Monthly income must not exceed two hundred percent (200%) of the one (1) person official poverty line defined by the OMB. (7-1-99)

05. Resources Limit. ~~The resource limit is four thousand dollars (\$4,000)~~ Resources must not exceed the resource standard applied to the full low-income subsidy defined in 42 USC 1395-114 of the Social Security Act. The resource exclusions used for AABD are used for QDWI. ~~(7-1-99)~~(1-1-10)T

8134. SPONSORED LEGAL NON-CITIZEN.

All income and resources of a legal non-citizen's sponsor are deemed for Medicaid eligibility if the sponsor has signed an I-864 affidavit of support. (7-1-99)

8145. CHILD SUBJECT TO DEEMING.

Income and resources of a child's stepparent are not deemed to the child in determining his Medicaid eligibility. (7-1-99)

8156. FUGITIVE FELON OR PROBATION OR PAROLE VIOLATOR.

A person denied SSI or AABD cash because of the prohibition against payment to fugitive felons and probation and parole violators is not disqualified from Medicaid. (7-1-99)

8167. -- 830. (RESERVED).

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.10 - MEDICAID ENHANCED PLAN BENEFITS

DOCKET NO. 16-0310-0902

NOTICE OF RULEMAKING - ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of this temporary rule is January 1, 2009.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed rulemaking procedures have been initiated. The action is authorized pursuant to Sections 56-202(b), 56-203, 56-250 through 257, and 56-1003, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearings concerning this rulemaking will be held as follows:

Hearing in Region 2: Monday, January 12, 2009	Hearing in Region 4: Tuesday, January 13, 2009	Hearing in Region 7: Wednesday, January 14, 2009
6:00 p.m. PST State Office Building 1118 F Street 3rd Floor Conference Room Lewiston, ID	6:00 p.m. MST DHW Region IV Office 1720 Westgate Dr., Suite D Room 119 Boise, ID	6:00 p.m. MST State Office Building 150 Shoup Avenue 2nd Floor Conference Room Idaho Falls, ID

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

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

The rule change in this rulemaking is in response to the Governor's Executive Order No. 2008-03, Reduction of General Fund Spending Authority, that directed state agencies to hold back 1% of their general fund budget in the current 2009 fiscal year. In order to comply with this order, Medicaid service benefits were reviewed and the following change is being made to meet the Governor's Order. This change reflects a reduction to the maximum amount of service hours under the Medicaid Enhanced Plan Benefits chapter of rule for Developmental Disability Agencies services.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section(s) 67-5226(1)(b), Idaho Code, the Governor has found that temporary adoption of this rule is appropriate because of his Executive Order No. 2008-3.

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

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

To meet the Governor's Executive Order to hold back 1% of the 2009 fiscal year budget, the following amount includes both state and federal funds to help meet that savings for the 2009 Medicaid budget. The state general fund share of the savings listed is approximately 30%.

Developmental Disabilities (DD) service cap reduction to 22 hours equals \$1,082,500 savings.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was not conducted because these changes were required to meet the Governor's Executive Order No. 2008-3.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning this temporary and proposed rule, contact Dave Simmitt at (208) 364-1992.

Anyone may submit written comments regarding the proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before January 28, 2009.

DATED this 17th day of November, 2008.

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

THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE

653. DDA SERVICES - COVERAGE REQUIREMENTS AND LIMITATIONS.

01. Requirement for Plan of Service and Prior Authorization. (3-19-07)

a. All therapy services for children must be identified on the Individual Program Plan developed by the developmental disabilities agency (DDA) as described in IDAPA 16.04.11, "Developmental Disabilities Agencies." (3-19-07)

b. All therapy services for adults with developmental disabilities and ISSH waiver

participants must be identified on the plan of service and prior authorized as described in Sections 507 through 520 of these rules and IDAPA 16.04.11, “Developmental Disabilities Agencies.” (3-19-07)

02. Assessment and Diagnostic Services. Twelve (12) hours is the maximum Medicaid reimbursable time allowed for the combination of all assessment, evaluation or diagnostic services provided in any calendar year. Additional hours may be approved for a child through the month of his twenty-first birthday with approval from EPSDT staff in the Division of Medicaid. The following assessment and diagnostic services are reimbursable when provided in accordance with these rules and IDAPA 16.04.11, “Developmental Disabilities Agencies”:
(3-19-07)

a. Comprehensive Developmental Assessment; (3-19-07)

b. Comprehensive Intensive Behavioral Intervention (IBI) Assessment. Before conducting the comprehensive IBI assessment, the DDA must receive prior authorization from the Department. The time required to complete this assessment is included in the thirty-six (36) month IBI limitation but does not count against the twelve (12) hour limitation described in this subsection;
(3-19-07)

c. Occupational Therapy Assessment; (3-19-07)

d. Physical Therapy Assessment; (3-19-07)

e. Speech and Language Assessment; (3-19-07)

f. Medical/Social History; and (3-19-07)

g. Psychological Assessment. Includes psychological testing and psychiatric diagnostic interview. (3-19-07)

03. Therapy Services. Developmental disabilities agency services must be recommended by a physician or other practitioner of the healing arts and provided in accordance with objectives as specified in IDAPA 16.04.11, “Developmental Disabilities Agencies.” The following therapy services are reimbursable when provided in accordance with these rules and IDAPA 16.04.11, “Developmental Disabilities Agencies.” (3-19-07)

a. Developmental Therapy. Developmental therapy may be delivered in a developmental disabilities agency center-based program, the community, or the home of the participant. Participants living in a certified family home must not receive home-based developmental therapy in a certified family home. Developmental therapy includes individual developmental therapy and group developmental therapy. (3-19-07)

b. Psychotherapy Services. Psychotherapy services, alone or in combination with supportive counseling, are limited to a maximum of forty-five (45) hours in a calendar year, and include: (3-19-07)

i. Individual psychotherapy; (3-19-07)

- ii. Group psychotherapy; and (3-19-07)
- iii. Family-centered psychotherapy which must include the participant and one (1) other family member at any given time. (3-19-07)
- c. Supportive Counseling. Supportive counseling must only be delivered on an individualized, one to-one basis. Supportive counseling, alone or in combination with psychotherapy services, is limited to a maximum of forty-five (45) hours in a calendar year. (3-19-07)
- d. Speech-Language Pathology Services. Speech-language pathology services include individual or group therapy. These services are limited in accordance with IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sections 730 through 739. (4-2-08)
- e. Physical Therapy Services. Physical therapy services include individual or group therapy. These services are limited in accordance with IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sections 730 through 739. (4-2-08)
- f. Occupational Therapy Services. Occupational therapy services include individual occupational therapy and group occupational therapy. These services are limited in accordance with IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sections 730 through 739. (4-2-08)
- g. Intensive Behavioral Intervention (IBI). IBI is limited to a lifetime limit of thirty six (36) months. (3-19-07)
 - i. The DDA must receive prior authorization from the Department prior to delivering IBI services. (3-19-07)
 - ii. IBI must only be delivered on an individualized, one-to-one basis. (3-19-07)
- h. Intensive Behavioral Intervention (IBI) Consultation. IBI consultation is included in the thirty-six (36) month IBI limitation. The DDA must receive prior authorization from the Department prior to providing IBI Consultation. (3-19-07)
- i. Collateral Contact. Collateral contact is consultation or treatment direction about the participant to a significant other in the participant's life and may be conducted face-to-face or by telephone contact. Collateral contact for general staff training, regularly scheduled parent-teacher conferences, general parent education, or for treatment team meetings, even when the parent is present, is not reimbursable. (3-19-07)
- j. Pharmacological Management. Pharmacological management is consultation for the purpose of prescribing, monitoring, or administering medications. These consultations must be provided by a physician or other practitioner of the healing arts in direct face-to-face contact with the participant and be provided in accordance with the plan of service with the type, amount, frequency and duration of the service specified. The telephoning of prescriptions to the pharmacy is not a billable service. (3-19-07)

04. Excluded Services. The following services are excluded for Medicaid payments: (3-19-07)

a. Vocational services; (3-19-07)

b. Educational services; and (3-19-07)

c. Recreational services. (3-19-07)

05. Limitations on DDA Services. Therapy services may not exceed the limitations as specified below. (3-19-07)

a. The combination of therapy services listed in Subsections 653.03.a. through 653.03.g. of these rules must not exceed ~~thirty~~ twenty-two (22) hours per week. ~~(3-19-07)~~(1-1-09)T

b. Therapy services listed in Subsections 653.03.a. through 653.03.g. of these rules provided in combination with Community Supported Employment services under Subsection 703.04 of these rules must not exceed forty (40) hours per week. (3-19-07)

c. When a HCBS waiver participant under Sections 700 through 719 of these rules receives Adult Day Care as provided in Subsection 703.12 of these rules, the combination of Adult Day Care, Developmental Therapy and Occupational therapy must not exceed thirty (30) hours per week. (3-19-07)

d. Only one (1) type of therapy service will be reimbursed during a single time period by the Medicaid program. No therapy services will be reimbursed during periods when the participant is being transported to and from the agency. (3-19-07)

e. Prior to delivering any services in a school-based setting, the DDA must have a contract with the school or the Infant Toddler program. The DDA must not bill Medicaid or the Medicaid participant for these contracted services. Only the school district, charter school, or the Idaho Infant Toddler program may bill Medicaid for these contracted services when provided in accordance with IDAPA 16.03.09 "Medicaid Basic Plan Benefits," Sections 850 through 856. (3-19-07)

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.06.03 - RULES AND MINIMUM STANDARDS GOVERNING ALCOHOL/DRUG ABUSE PREVENTION AND TREATMENT PROGRAMS

DOCKET NO. 16-0603-0902

NOTICE OF RULEMAKING - ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is July 1, 2009.

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 39-305, 39-306, 39-307, 39-311, 56-1003, and 56-1007, Idaho Code.

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

Licensing requirements, that were removed from the rules that licensed residential treatment programs for children, are being added to this chapter of rules. Also, to ensure that children and adolescents being treated in state approved alcohol/drug abuse treatment programs are safe, the requirement to separate adults from children and adolescents is being added to this rule.

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 following reasons:

Requirements pertaining to alcohol/drug abuse treatment for children and adolescents were removed from IDAPA 16.06.02, "Rules Governing Standards for Child Care Licensing" effective July 1, 2009. The requirements intended to protect the safety of children and adolescents must be added to IDAPA 16.06.03, "Rules and Minimum Standards Governing Alcohol/Drug Abuse Prevention and Treatment Programs" in order to ensure there is no lapse in licensing requirements and the protection of children and adolescents.

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

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

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Sherry L. Johnson at (208) 334-5934.

DATED this 17th day of August, 2009.

THE FOLLOWING IS THE TEMPORARY TEXT OF DOCKET NO. 16-0603-0902

010. DEFINITIONS.

The following terms are defined as they are used in these rules. Nothing in any of these definitions shall be read as being in conflict with definitions stated in Section 39-302, Idaho Code. (4-26-95)

01. Active Client. A client who receives services from an alcohol/drug abuse treatment program, who has had face to face contact with a qualified professional of the program within the preceding thirty (30) days. (3-20-04)

02. Adolescent. An individual between the ages of fourteen (14) and eighteen (18). (7-1-09)T

023. Aftercare. Services to provide support to an individual who is in a recovery program. (4-26-95)

034. Alternative Activities. Prevention services that provide opportunities for persons at risk for substance abuse to participate in activities that exclude alcohol, tobacco, and other drugs. (4-5-00)

045. Applicant. A person, agency, or organization who has filed an application to become an approved alcohol/drug treatment program under these rules. (4-26-95)

056. Appropriate. A term used to indicate that a particular procedure, treatment, test or service is effective, is clearly indicated, is adequate in quantity and is provided in the best setting to meet the client's needs. (4-26-95)

067. Approved Alcohol/Drug Abuse Treatment Program. An alcohol/drug abuse treatment program which provides activities to treat problems related to alcohol and drug use, which is approved in accordance with Section 39-305, Idaho Code, and these rules and minimum standards. Approved alcohol/drug abuse treatment programs in Idaho may be private for profit, private nonprofit, or operated by a governmental unit. (4-26-95)

078. Assessment. The collection of data necessary to develop an individualized treatment strategy aimed at eliminating or reducing alcohol/drug consumption by a thorough evaluation of the person's physical, psychological, and social status, a determination of the environmental forces that contribute to the alcohol/drug using behavior, and examination of the person's support system and resources. (4-26-95)

089. CARF. The Commission on Accreditation of Rehabilitation Facilities. (3-20-04)

0910. Certificate of Approval. A certificate issued by the Department of Health and Welfare to an alcohol/drug abuse treatment program and facilities which it deems to be in compliance with these rules and minimum standards. (4-5-00)

101. Certified, Credentialed or Licensed Alcohol/Drug Counselor. A counselor possessing voluntary certification or licensure by a recognized state or national alcohol/drug

abuse/addiction counselor credentialing or certifying organization. Knowledge and skills may be acquired through a combination of specialized training, education and experience. (4-26-95)

142. Certified Prevention Specialist. A person recognized by the Idaho Board of Alcohol/Drug Counselor's Certification as a specialist in substance abuse education and the prevention of alcohol/drug abuse. This level of certification does not give authority to provide any form of counseling. (4-5-00)

13. Child. An individual under the age of fourteen (14). (7-1-09)T

124. Clinical Director. The program staff member responsible for oversight of all clinical aspects of the treatment services provided. (4-26-95)

15. Clinically Managed Medium-Intensity Residential Treatment. A program that offers structured residential treatment services, staffed twenty-four (24) hours per day, seven (7) days a week, which provides intensive residential program for clients who require treatment services in a highly-structured setting. This type of program is appropriate for clients who need concentrated, therapeutic services prior to community residence. Community reintegration of residents in this level of care requires case management activities directed toward networking clients into community-based recovery support services such as housing, vocational services, or transportation assistance so that the client is able to attend mutual self-help meetings or vocational activities after discharge. This level of care is also known as residential care. (7-1-09)T

136. Client. A person receiving treatment for alcohol/drug use, abuse, or addiction. The term is synonymous with patient, resident, consumer or recipient of treatment. (4-26-95)

147. Community-Based Process. Prevention services to involve and assist communities and social institutions to incorporate prevention into their existing services/work and to transfer the knowledge and skills required for them to deliver prevention services. (4-5-00)

158. Competencies. Competencies are the knowledge, skills and attitudes required for the members of the substance abuse clinical staff as a prerequisite to proficiency in the professional treatment of substance abuse. The model of competencies is determined by the Department. (3-20-04)

169. Contract. A formal agreement with any organization, agency or individual specifying the services, personnel, products or space to be provided by, to or on behalf of the program and the consideration to be expended in exchange. (4-26-95)

1720. Counselor. A licensed professional counselor under Title 54, Chapter 34, Idaho Code, or an individual holding a masters degree in counseling from an approved college or university and who, for the purposes of these rules and minimum standards, also shall have specialized training, education, or experience in the treatment of persons with problems related to alcohol/drug use. (4-26-95)

1821. Criminogenic Need. A client attribute shown by research to be correlated with criminal behavior and to be an appropriate target for treatment intervention. (3-20-04)

1922. Current. Any license, permit, certificate or other documentation of review or inspection of the program, its staff or facility sites which is dated within the preceding twenty-four (24) months. (4-5-00)

203. Department. The Idaho Department of Health and Welfare. (4-26-95)

214. Detoxification Services. Services necessary to monitor individuals who are undergoing the systematic reduction of a toxic agent from the body during withdrawal. (4-26-95)

225. Director. The Director of the Department of Health and Welfare. (4-26-95)

236. Discharge. The point at which the client's active involvement in treatment is terminated, and the program no longer maintains active responsibility for the care of the client. (4-26-95)

247. Drug Court Outpatient Treatment Facility. A Department approved setting for the treatment of alcohol and drug problems for individuals under the jurisdiction of a local drug court. (3-20-04)

258. Drug Court Team. Individuals who collectively plan and evaluate services to drug court participants and determine participant compliance, progress, sanctions, movement from one treatment phase to another, and continuation or termination from drug court treatment. (3-20-04)

269. Early Intervention Prevention Services. Organized activities that are designed for individuals within indicated populations who are experimenting with alcohol, tobacco, or other drugs or exhibit other risk related behaviors. The goal of services for these populations is to modify the risk behavior to prevent the need for substance abuse treatment. (4-5-00)

2730. Early Intervention Treatment Services. Services which may be delivered in a treatment setting and are designed to explore and address problems or risk factors that appear to be related to an individual's substance use. The goal of the service is to assist the individual in recognizing the harmful consequences of inappropriate substance use. (4-5-00)

2831. Education. Strategies that teach people critical information about alcohol and other drugs and the physical, emotional and social consequences of their use. (4-26-95)

2932. Emergency Treatment. The immediate resolution of an acute physical, social, or psychological emergency caused by excessive or chronic alcohol/drug use. (4-26-95)

303. Environmental Activities. Services that focus on institutional and community change to prevent or reduce substance abuse within given geographical areas. (4-5-00)

314. Executive Director. The individual appointed by the governing body to act on its behalf in the overall management of the program. Other job titles may include administrator, director, superintendent, program administrator, president, vice-president and executive vice-president. (4-26-95)

325. Facility. The building(s) including furnishings and fixtures, where persons with alcohol or drug problems receive services. This is synonymous with offices, clinic, or physical plant. (4-26-95)

336. Governing Body. The individual(s), board of directors, group or agency that has ultimate authority and responsibility for the overall operation of an alcohol/drug abuse treatment program. (4-26-95)

347. Guardian. A parent, trustee, conservator, committee or other individual or agency empowered by law to act on behalf of, or have responsibility for, a client or applicant for treatment services. (4-26-95)

358. Halfway House Facility. A setting for services provided to persons who need the support of an alcohol/drug-free environment to maintain recovery. (4-26-95)

369. Incapacitated. As a result of alcohol or drug use, a person is unconscious or his judgment is otherwise so impaired that he is incapable of making a rational decision with respect to his need for treatment, or is incompetent to consent to treatment. (4-26-95)

3740. Incompetent Person. A person who has been adjudged incompetent by a court of law having jurisdiction in the state of Idaho. (4-26-95)

3841. Indirect Provision of Services. Services provided to clients through agreements a program has made with self-employed individuals or outside agencies/organizations. These agreements may be verbal commitments, contractual arrangements, letters of agreement, or memorandum of understanding. The services may be provided at the program's facility or at another location. (4-26-95)

3942. Individualized Treatment Plan. A written action plan, based on assessment data, that identifies the client's clinical needs, the strategy for providing services to meet those needs, treatment goals and objectives and the criteria for terminating the specified interventions. (4-26-95)

403. Information Dissemination. Prevention services that inform the general public and others about the nature and extent of alcohol and other drug use, abuse and addiction, its effect on individuals, families and communities, and available prevention and treatment programs and other resources. (4-5-00)

414. Inpatient Treatment Facility. A setting for the treatment of alcohol/drug problems that is also a licensed hospital as defined by Title 39, Chapter 13, Idaho Code. (4-26-95)

425. Intoxicated Person. A person whose mental or physical functioning is impaired as a result of alcohol or drug use, including the inappropriate use of prescription drugs. (4-26-95)

436. Inventory of Services. The various program activities intended to cause or support the reduction or elimination of alcohol or drug use. These activities may include, but are not limited to, education, individual, group or family counseling, vocational rehabilitation services, medical and psychological services, and self-help groups. These services may include

activities provided by the program through contractual arrangement with an outside organization.
(4-26-95)

447. Level of Service Inventory -- Revised (LSI-R). An assessment tool used to assess criminal offenders for their risk to commit further offenses and their service needs.
(3-20-04)

458. JCAHO. The Joint Commission on Accreditation of Healthcare Organizations.
(3-20-04)

469. Medically Trained Personnel. A licensed nurse, nurse practitioner, physician's assistant or licensed physician.
(4-26-95)

4750. Medical Screening. An examination done by a licensed nurse, nurse practitioner, physician's assistant or a licensed physician.
(4-26-95)

4851. Medical Supervision. Care provided under the direction of a licensed physician.
(4-26-95)

4952. NFPA. The National Fire Protection Association.
(3-20-04)

503. Nurse. A licensed professional nurse (R.N.), licensed practical nurse (L.P.N.) or nurse practitioner as defined by Title 54, Chapter 14, Idaho Code, and who, for the purposes of these rules and minimum standards, also shall have specialized training, education, and experience treating persons with problems related to alcohol/drug use or abuse.
(4-26-95)

514. Outpatient Treatment Facility. A setting for treatment activities of alcohol/drug problems that does not provide twenty-four (24) hour per daycare.
(4-26-95)

525. Person. Any individual, firm, partnership, corporation, company, association, joint stock association, governmental unit or legal successor thereof.
(4-26-95)

536. Pharmacist. An individual licensed under Title 54, Chapter 17, Idaho Code, to prepare, preserve, compound and dispense drugs and chemicals.
(4-26-95)

547. Physician. A person who is licensed to practice medicine in the state of Idaho in accordance with the provisions of the Medical Practice Act, Section 54-1801, et seq., Idaho Code, and who, for the purposes of these rules and minimum standards, also shall have specialized training, education, and experience in alcohol/drug treatment.
(4-26-95)

558. Physician Assistant. A person who is licensed to render patient services under the direction of a physician in the state of Idaho in accordance with the provisions of the Medical Practice Act, Section 54-1801, et seq., Idaho Code, and who, for the purposes of these rules and minimum standards, also shall have specialized training, education, and experience in alcohol/drug treatment.
(4-26-95)

569. Policies. The rules adopted by the alcohol/drug abuse treatment program for the regulation of its internal affairs and its dealings with others.
(4-26-95)

5760. Prevention Services. Activities through programs to inform, educate, impart skills, and provide appropriate referrals. The prevention strategies used include information dissemination, education, alternatives, problem identification and referral, community-based process, and environmental. (4-5-00)

5861. Problem Identification and Referral. Prevention services to identify and assess those who are engaging in age inappropriate alcohol and tobacco use or the use of illicit drugs for the first time. The purpose of the services is to determine if their behavior can be reversed through education. This strategy does not include a determination of the need for treatment. (4-5-00)

5962. Program. Refers to the organization offering alcohol/drug treatment services. It includes the organization's facilities, management, staffing pattern, and activities. A program receives a certificate of approval from the Department of Health and Welfare. (4-26-95)

603. Program Evaluation. Processes primarily used by the program's administration to assess and monitor, on a regular or continuous basis, program operation, service delivery, quality assurance, and client outcome. (4-26-95)

614. Provisional Approval. A temporary certificate of approval issued to a alcohol/drug abuse treatment program in operation at the time of promulgation of new rules, in order to afford reasonable time to comply with the new rules and to obtain approval, or which, while not in full compliance with rules, has no deficiencies which would endanger the health, safety and welfare of clients and is in the process of making the necessary changes to comply fully. (4-26-95)

625. Psychologist. A person who is licensed in accordance with Title 54, Chapter 23, Idaho Code, to practice psychology and who, for the purposes of these rules and minimum standards, also shall have specialized training, education, and experience in alcohol/drug treatment. (4-26-95)

636. Qualified Professional. A member of one (1) of the following professional disciplines, as defined herein: certified, credentialed or licensed alcohol and drug counselor, licensed professional counselor, licensed nurse, licensed physician, psychologist, counselor holding a master's degree in a related field from an approved college or university, licensed, licensed clinical or licensed masters social worker, a person holding a bachelor's degree in a related field, or a person holding an associate degree in chemical dependency counseling who has applied for the Certified Alcohol/Drug Counselor (CADC), pending successful completion of the next testing cycle. A qualified professional must have one thousand forty (1,040) hours of supervised experience providing substance abuse treatment. (3-20-04)

647. Quality Assurance. An ongoing evaluative process that not only ensures compliance with minimum standards but provides for continuous improvements in the quality of services. (4-26-95)

658. Residential Treatment Facility. A setting for the treatment of alcohol/drug problems that provides twenty-four (24) hour per day living accommodations for clients. (4-26-95)

669. Retrospective Care Review. Evaluative activities of the client file conducted when the individual is no longer an active client. (4-26-95)

670. Screening. A brief process conducted prior to admission to the drug/alcohol treatment program to determine if the individual meets the program's admission criteria. (4-26-95)

6871. Service. The activities of a treatment program grouped according to a common goal or purpose. Examples of services are Treatment Services, Food Services, Social Services, Nursing Services, and Vocational Rehabilitation Services. (4-26-95)

6972. Social Worker. A person who is licensed to practice social work under the Social Work Licensing Act, Title 54, Chapter 32, Idaho Code, and who, for the purposes of these rules and minimum standards also shall have specialized training, education, and experience in alcohol/drug treatment. (4-26-95)

703. Staff Member. A person who is directly employed by or assigned to the program on either a full-time or part-time basis. (4-26-95)

714. State Alcohol/Drug Authority. The Idaho Department of Health and Welfare is designated as the State Alcohol/Drug Authority in Section 39-303, Idaho Code. (4-26-95)

725. Treatment. Provision of individual therapy, group therapy, assessment, education, and other appropriate services. (4-26-95)

736. Treatments. The activities of a program that have as a desired outcomes the elimination or reduction of alcohol and drug use and arresting, reversing, or retarding of problems associated with alcohol or drug abuse, or both. (4-26-95)

747. Treatment Supervisor. The person responsible for the overall management of all aspects of the provision of a treatment service or multiple treatment services. Examples of this are: adolescent treatment supervisor, adult treatment supervisor, residential treatment supervisor. (4-26-95)

758. Uniform Fire Code. Refers to the latest edition of the Uniform Fire Code, according to Sections 41-253 and 41-254, Idaho Code, as minimum standards for the protection of life and property from fire and explosions. (4-26-95)

011. -- 019. (RESERVED).

020. GENERAL REQUIREMENTS.

01. Certificate of Approval Required. A certificate of approval is required for an alcohol/drug abuse treatment program to directly or indirectly provide alcohol/drug treatment in the state of Idaho. A director or owner of a program must submit a completed application to the Department on forms provided by the Department along with an application fee prior to the date of the initial operation or expiration of the certificate of approval. Approval is required for an

alcohol/drug abuse treatment program to be included on the Department's list of programs which meet the standards specified in these rules. Programs must be on the list in order to receive referrals from the Department or any law enforcement officer and to receive any kind of state or federal reimbursement. (4-26-95)

02. Approved Alcohol/Drug Abuse Treatment Facilities. Pursuant to these rules, the Department may approve facilities that provide substance abuse treatment. These shall not be interpreted as being in conflict with Section 39-304, Idaho Code. These facilities include:

- a. Inpatient Facility; (3-20-04)
- b. Residential Facility; (4-26-95)
- c. Outpatient Facility; (4-26-95)
- d. Halfway House Facility; (4-26-95)
- e. Detoxification Facility. (4-26-95)
- f. Drug Court Outpatient Facility. (3-20-04)

03. Approval for a Program with Multiple Facilities. An alcohol/drug treatment program may be approved for more than one (1) facility type when that program complies with the specific requirements of each. Failure of any one (1) facility type to receive approval shall not affect the approval of other facility types. (4-26-95)

04. Approval for Multiple Facilities Attached to One Program. An alcohol/drug abuse treatment program with more than one (1) facility type may submit one (1) application for all facilities located in the same Department region. (4-26-95)

- a. The application shall list each facility by type. (4-5-00)
- b. A certificate of approval will be issued for each facility site. (4-26-95)
- c. Failure of any one facility to receive approval shall not affect the approval of other facilities listed in the application. (4-26-95)

~~**05. Programs Serving Adolescents.** Any alcohol/drug abuse treatment program which provides treatment for persons under the age of eighteen (18) shall meet the following standards: (4-26-95)~~

~~**a.** Any alcohol/drug abuse treatment program which provides services to adolescents shall require all staff members having contact with adolescents to submit to a criminal history check in accordance with the provisions of the Idaho Department of Health and Welfare Rules, IDAPA 16.06.02, Section 611, "Rules Governing Standards for Child Care Licensing." (4-26-95)~~

~~**b.** Shall provide separate treatment activities for adults and adolescents. (4-26-95)~~

~~e. Any alcohol/drug abuse treatment program which provides twenty-four (24) hour per day residential care as an alternative to parental care and outpatient treatment for persons under the age of eighteen (18) shall also be licensed under the Child Care Licensing Reform Act, Title 39, Chapter 12, Idaho Code. (3-20-04)~~

~~i. Application for child care licensure is made to the Department of Health and Welfare. (4-26-95)~~

~~ii. Facilities licensed as hospitals under Title 39, Chapter 13, Idaho Code, are exempt from this requirement. (4-26-95)~~

05. Services for Children and Adolescents. Each alcohol/drug abuse treatment program seeking approval to provide services to children or adolescents must meet the following requirements; (7-1-09)T

a. Separate Services from Adults. Provide children and adolescent services separate from adult services except for “continued care” described in Subsection 020.05.c. of this rule. (7-1-09)T

b. Residential Care as an Alternative to Parental Care. Any program that provides care, control, supervision, or maintenance of children or adolescents for twenty-four (24) hour per day as an alternative to parental care must meet the following criteria: (7-1-09)T

i. Be licensed under the “Child Care Licensing Act,” Title 39, Chapter 12, Idaho Code according to IDAPA 16.06.02, “Rules Governing Standards for Child Care Licensing”; or (7-1-09)T

ii. Be certified by the Department of Juvenile Corrections according to IDAPA 05.01.02, “Rules and Standards for Secure Juvenile Detention Centers”; and (7-1-09)T

iii. Be approved under IDAPA 16.06.03, “Rules And Minimum Standards Governing Alcohol/Drug Abuse Prevention And Treatment Program.” (7-1-09)T

c. Continued Care of an Eighteen (18) Year Old Individual. An individual, who is in a state approved outpatient or intensive outpatient treatment program and reaches the age of eighteen (18), may remain in the program in continued care for up to ninety (90) days after his eighteenth birthday, or, until the close of the current school year for an individual attending school. Prior to accepting an individual into continued care, the following are required to be presented to the Department’s Management Service Contractor: (7-1-09)T

i. A signed voluntary agreement to remain in the program or a copy of a court order authorizing continued placement after the individual's eighteenth birthday. (7-1-09)T

ii. A written assessment to assure that an individual in continued care does not jeopardize the health, safety, and well being of other children and adolescents in the program. (7-1-09)T

iii. Written documentation verifying the individual in continued care was in the care of the program prior to his eighteenth birthday. (7-1-09)T

iv. Written documentation verifying the individual needs to remain in continued care in order to complete treatment, education, or other similar needs. (7-1-09)T

d. Care Provided to Children, Adolescents, and Adults in Residential Treatment. Residential treatment facilities providing care to children, adolescents, and adults must ensure the separation of child and adolescent clients from adult clients. This includes not sharing the same wing, or the same floor for recreation, living, sleeping, and restroom facilities. Children and adolescents must not dine together with adult residents. Children and adolescents must not share treatment groups, recreation, counseling sessions, educational programs, or treatment programs with adults except through utilization of continued care in compliance with IDAPA, "Rules Governing Standards for Child Care Licensing," Sections 530 through 532 (7-1-09)T

e. Licensed Hospital Facilities. Facilities licensed as hospitals under Title 39, Chapter 13, Idaho Code, are exempt from the requirements in Subsections 020.05.a. through 020.05.d. of this rule. (7-1-09)T

06. Out-of-State Program and Facilities Approval. The Department will accept the approval and certification by the state in which a treatment program and facilities are located and utilized by Idaho clients. Programs operated within the state of Idaho, irrespective of the program headquarters, must meet the Department's approval and certification requirements. (4-5-00)

(BREAK IN CONTINUITY OF SECTIONS)

147.—149. (RESERVED).

148. LEVEL III.5 - CLINICALLY MANAGED MEDIUM INTENSITY RESIDENTIAL TREATMENT FACILITY FOR CHILDREN AND ADOLESCENTS.

Each alcohol/drug abuse treatment program seeking approval as a Level III.5 - Clinically Managed Medium Intensity Residential Treatment Facility (Level III.5) for children and adolescents, must meet the requirements in Section 148 of this rule, in addition to all rules and minimum standards of these rules. Each treatment program must also be licensed annually under IDAPA 16.06.02, "Rules Governing Standards for Child Care Licensing." (7-1-09)T

01. Admission Criteria for Child and Adolescent Level III.5. A Level III.5 treatment facility will only admit children and adolescents with a primary diagnosis of alcohol, substance, or alcohol and substance abuse or dependency. (7-1-09)T

02. Treatment Focus of Child and Adolescent Level III.5. A Level III.5 treatment facility must focus primarily on alcohol/drug abuse diagnosed problems. A child or adolescent who is likely to have a withdrawal reaction will be admitted only after stabilization of withdrawal unless the Level III.5 treatment facility has a medically supervised program specifically designed for dealing with withdrawal. A Level III.5 treatment facility must provide individual and group

counseling sessions, family treatment services, and alcohol/drug abuse education sessions. Care must include at least twenty-one (21) hours a week of treatment program hours specific to alcohol/drug abuse treatment by clinical staff, including planned and structured education, individual and group counseling, family counseling and motivational counseling. (7-1-09)T

03. Required Staff Ratios in Child and Adolescent Level III.5. There must be written staff ratios for direct care staff to children and adolescents and service workers to children and adolescents. Unless otherwise specified in these rules, staff ratios must be: (7-1-09)T

a. Supervisor to Staff Ratio. At least one (1) staff supervisor for every twenty (20) direct care staff or fraction thereof. (7-1-09)T

b. Staff to Child or Adolescent Ratio-Daytime. At least one (1) direct care staff to every eight (8) children or adolescents when the children or adolescents are awake and present, unless the presenting problems of the children or adolescents in care are such that a ratio of one to eight (1:8) is not sufficient to provide for the safety and treatment needs of the children or adolescents. In that case, the ratio of direct care staff to children or adolescents ratio must be increased to ensure the safety and treatment needs of the children are met. (7-1-09)T

c. Staff to Children or Adolescents' Ratio-Sleeping Hours. At least one (1) awake direct care staff to twenty (20) children or adolescents or fraction thereof during the children or adolescent's normal sleeping hours in buildings housing children or adolescent's sleeping quarters. If the presenting problems of the children or adolescents in care are such that a ratio of one to twenty (1:20) is not sufficient to provide for the safety and treatment needs of the children or adolescents, then the ratio of direct care staff to children or adolescents ratio must be increased to ensure the safety and treatment needs of the children or adolescents are met. (7-1-09)T

d. Medical Emergency. At least two (2) staff persons on duty during waking hours in a children or adolescent's residential care facility must be certified to provide cardiopulmonary resuscitation (CPR) and first aid for the age of the children or adolescents in care. During sleeping hours, only one (1) staff person on duty must be certified to provide CPR and first aid for the age of the children or adolescents in care. (7-1-09)T

e. Emergency Staff Access. When only one (1) direct care worker is on duty, an additional staff person must be available within ten (10) minutes; or, if assistance from law enforcement is available within ten (10) minutes, an additional staff person must be available within thirty (30) minutes to assist with an emergency. (7-1-09)T

f. Service Worker Ratios. Except for non-accredited children or adolescent's residential schools, at least one (1) service worker needs to be available for every twenty (20) children or adolescents in care or fraction thereof. (7-1-09)T

04. Staff Training in Child and Adolescent Level III.5. Unless otherwise specified in these rules, an employee or volunteer whose primary job function requires interaction with children or adolescents and who works twenty-four (24) or more hours a week must receive at least twenty (20) hours of training annually. An employee or volunteer whose primary job function requires interaction with children or adolescents and who works less than twenty-four (24) hours a week must receive at least ten (10) hours of training annually. The training must

include cultural sensitivity and diversity, behavior management, and child and adolescent development issues appropriate to the population served. Training for direct client care staff must also include instruction in administering cardiopulmonary resuscitation (CPR) and administering first aid appropriate to the age of the children or adolescents in care within ninety (90) days after employment. (7-1-09)T

05. Care Provided to Children, Adolescents, and Adults in Level III.5. Level III.5 treatment facilities providing care to children, adolescents, and adults must ensure the separation of child and adolescent clients from adult clients. This includes not sharing the same wing, or the same floor for recreation, living, sleeping, and restroom facilities. Children and adolescents must not dine together with adult residents. Children and adolescents must not share treatment groups, recreation, counseling sessions, educational programs, or treatment programs with adults except through utilization of continued care in compliance with IDAPA 16.06.02, "Rules Governing Standards for Child Care Licensing," Sections 530 through 532. (7-1-09)T

06. After Care Plan for Child and Adolescent Level III.5. A children or adolescent's residential care facility that provides alcohol/drug abuse treatment must develop a written plan of aftercare services for each child or adolescent that includes procedures for reintegrating the child or adolescent into the family and community as appropriate, and outpatient and other continued care services recommended. (7-1-09)T

07. Alcohol-Drug Testing for Child and Adolescent Level III.5. A Level III.5 treatment facility must establish and follow written policies and procedures for drug testing of children and adolescents as described in Subsection 163.02 of these rules. (7-1-09)T

149. CHILD AND ADOLESCENT TRANSITIONAL RESIDENTIAL TREATMENT FACILITY.

Each alcohol/drug abuse treatment program seeking approval as a Child and Adolescent Transitional Residential Treatment Facility must meet the requirements in Section 149 of this rule, in addition to all rules and minimum standards contained in these rules. (7-1-09)T

01. Licensing of a Child and Adolescent Residential Transitional Facility. A Child and Adolescent Residential Transitional Facility must meet the requirements in IDAPA 16.06.02, "Rules Governing Standards for Child Care Licensing" and be licensed annually as a Children's Residential Care Facility. (7-1-09)T

02. Treatment Services in a Child and Adolescent Residential Transitional Facility. (7-1-09)T

a. Child and Adolescent Transitional Residential Treatment will be provided as a Level III.1 - Clinically Managed Low-Intensity Residential Service, which includes outpatient for clients who have completed Level III.5, Section 148, and lack supportive recovery environments. (7-1-09)T

c. A Level III.1 facility provides living accommodations in a structured environment that encourages each child and adolescent client to assume responsibility for their own rehabilitation. (7-1-09)T

d. Treatment and adjunct services must not be provided but can be arranged for by the program. (7-1-09)T

e. A Level III.1 treatment facility must encourage use of community resources by persons recovering from alcohol/drug abuse. (7-1-09)T

f. Treatment under Level III.1 is directed toward applying recovery skills, preventing relapse, improving social functioning and ability for self-care, promoting personal responsibility, developing a social network supportive of recovery, and reintegrating the individual into the worlds of school, work, and family life. (7-1-09)T