Who does this rule apply to?
Health care organizations and facilities, medical air services, ambulance services, non-transport services, Regional Time Sensitive Emergency Committees, TSE designated Centers, TSE Council.

What is the purpose of this rule?
These rules provide for the administration and establishment of standards for a voluntary statewide time sensitive emergency system of care that includes procedures and requirements for designation of trauma, stroke, heart attack centers and prehospital agencies including data reporting, fees, appeal process and enforcement procedures, determination of regions to provide an effective access to the TSE system within the state, and operational procedures for regional TSE committees.

What is the legal authority for the agency to promulgate this rule?
This rule implements the following statute passed by the Idaho Legislature:

Public Assistance and Welfare -

Where can I find information on Administrative Appeals?
Administrative appeals and contested cases are governed by the provisions of IDAPA 16.05.03, “Contested Case Proceedings and Declaratory Rulings.”

How do I request public records?
Unless exempted, all public records are subject to disclosure by the Department that will comply with Title 74, Chapter 1, Idaho Code, upon requests. Any disclosure of confidential information used or disclosed in the course of the TSE Council's business is subject to the restrictions in state or federal law, federal regulation, and IDAPA 16.05.01, “Use and Disclosure of Department Records.” Preliminary investigations, site reviews, survey reports, and related documents are confidential until a notice of action is issued for survey reports and findings of complaint investigations relating to a designated center. Documents that are available for public review may be found at https://tse.idaho.gov.

Who do I contact for more information on this rule?
Idaho Department of Health and Welfare
Idaho Time Sensitive Emergency System Council
2224 East Old Penitentiary Road
Boise, ID 83712-8249
Phone: (208) 334-4000 or 1-877-554-3367
Fax: (208) 334-4015
Email: TSE@dhw.idaho.gov
Webpage: https://tse.idaho.gov
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000. LEGAL AUTHORITY.
The Idaho Time Sensitive Emergency System Council (TSE) is authorized under Section 56-1028, Idaho Code, to promulgate rules for the purpose of establishing standards and for the administration of a voluntary time sensitive emergency system of care. Sections 56-1024 through 56-1030, Idaho Code, provide requirements for the TSE Council, its membership, duties, regional TSE committees, standards criteria, and the designation of centers. The Department is authorized to charge and collect fees established by rule under Section 56-1007, Idaho Code, and to establish and collect data for a Time Sensitive Emergency (TSE) Registry under Section 57-2003, Idaho Code.

(7-1-21)

001. TITLE, SCOPE, AND INTENT.
01. Title. The title of these rules is IDAPA 16.02.01, “Idaho Time Sensitive Emergency System Council.”

(7-1-21)

02. Scope. These rules provide for the administration and establishment of standards for a voluntary statewide time sensitive emergency system of care that includes procedures and requirements for designation of trauma, stroke, and heart attack centers including data reporting, fees, appeal process and enforcement procedures, determination of regions to provide an effective access to the TSE system within the state, and operational procedures for regional TSE committees.

(7-1-21)

03. Intent. With the maturation of the Time Sensitive Emergency System (TSE), the intent is for the state to have the ability to designate TSE centers without reliance on national accreditation bodies. The TSE Council, upon review of appropriate documentation, may provide reciprocity for facilities in Idaho that also choose to operate under a designation in a neighboring state’s system.

(7-1-21)

002. -- 003. (RESERVED)

004. INCORPORATION BY REFERENCE.
The Time Sensitive Emergency System Standards Manual, Edition 2020-1, is incorporated by reference in this chapter of rules. Copies of the manual may be obtained online at https://tse.idaho.gov/ or from the Bureau of Emergency Medical Services and Preparedness located at 2224 East Old Penitentiary Road, Boise, ID 83712-8249.

(7-1-21)

005. -- 009. (RESERVED)

010. DEFINITIONS.
For the purposes of this chapter, the following terms and definitions apply.

01. American College of Surgeons (ACS). The American College of Surgeons (ACS) is a national body that sets standards and verifies compliance with published standards.

(7-1-21)

02. Department. The Idaho Department of Health and Welfare.

(7-1-21)

03. Director. The Director of the Idaho Department of Health and Welfare or their designee.

(7-1-21)


(7-1-21)

05. EMS Agency. Any organization licensed by the Department under Sections 56-1011 through 56-1023, Idaho Code, and IDAPA 16.01.03, “Emergency Medical Services (EMS) - Agency Licensing Requirements,” that operates an air medical service, ambulance service, or non-transport service.

(7-1-21)


(7-1-21)

07. Facility. A health care organization that is voluntarily seeking designation from the Idaho Time Sensitive Emergency Council. A facility may be any of the following:

a. Center. A facility designated by the Idaho Time Sensitive Emergency Council is known as a center.

(7-1-21)

b. Freestanding emergency department:

(7-1-21)
i. Is owned by a hospital with a dedicated emergency department; (7-1-21)

ii. Is located within thirty-five (35) miles of the hospital that owns or controls it; (7-1-21)

iii. Provides emergency services twenty-four (24) hours per day, seven (7) days per week on an outpatient basis; (7-1-21)

iv. Is physically separate from a hospital; and (7-1-21)

v. Meets the staffing and service requirements in IDAPA 16.03.14, “Hospitals.” (7-1-21)

c. Hospital. As defined in Section 39-1301, Idaho Code, is a facility primarily engaged in providing,

i. Concentrated medical and nursing care on a twenty-four (24) hour basis to inpatients experiencing acute illness; (7-1-21)

ii. Diagnostic and therapeutic services for medical diagnosis and treatment, psychiatric diagnosis and treatment, and care of injured, disabled, or sick persons; (7-1-21)

iii. Rehabilitation services for injured, disabled, or sick persons; (7-1-21)

iv. Obstetrical care; (7-1-21)

and

v. Provides for care of two (2) or more individuals for twenty-four (24) or more consecutive hours; (7-1-21)

vi. Is staffed to provide nursing professional nursing care on a twenty-four (24) hour basis. (7-1-21)

d. Rural Clinic. A health care clinic in a rural area that is located more than thirty-five (35) miles from a hospital via maintained roads and is capable of providing emergency care to patients. (7-1-21)

08. Heart Attack. STEMI, a common name for ST-elevation myocardial infarction, is a more precise definition for a type of heart attack caused by a prolonged period of blocked blood supply that affects a large area of the heart and has a substantial risk of death or disability calling for a quick response. (7-1-21)


10. National Accrediting Body. An organization whose standards criteria is recognized by the Idaho Time Sensitive Emergency System Council and verifies compliance with those standards. (7-1-21)

11. Regional Time Sensitive Emergency (TSE) Committee. An Idaho regional TSE committee established under Section 56-1030, Idaho Code. (7-1-21)

12. STEMI. STEMI is an ST segment elevation myocardial infarction that is a particular type of heart attack, or MI (myocardial infarction), that is caused by a prolonged period of blocked blood supply. It affects a large area of the heart muscle, and so causes changes on the ECG as well as in blood levels of key chemical markers. This is considered a major heart attack and is referred to in medical shorthand as a STEMI. (7-1-21)

13. Stroke. An interruption of blood flow to the brain causing paralysis, slurred speech, or altered brain function usually caused by a blockage in a blood vessel that carries blood to the brain (ischemic stroke) or by a blood vessel bursting (hemorrhagic stroke). (7-1-21)

14. Time Sensitive Emergency (TSE). Time sensitive emergencies specifically for this chapter of rules are trauma, stroke, and heart attack. (7-1-21)
15. **Trauma.** The result of an act or event that damages, harms, or hurts a human being resulting in intentional or unintentional damage to the body resulting from acute exposure to mechanical, thermal, electrical, or chemical energy, or from the absence of such essentials as heat or oxygen.

16. **TSE-Designated Center.** A facility that has voluntarily applied for TSE designation, met and is in compliance with the designation criteria and standards of these rules, and that the TSE Council has designated as one (1) or more of the following:

   a. Level I Trauma Center;
   b. Level II Trauma Center;
   c. Level III Trauma Center;
   d. Level IV Trauma Center;
   e. Level V Trauma Center;
   f. Pediatric Level I Trauma Center;
   g. Pediatric Level II Trauma Center;
   h. Level I Stroke Center (Comprehensive);
   i. Level II Stroke Center (Primary);
   j. Level III Stroke Center (Acute Stroke Ready);
   k. Level I STEMI Center (Heart Attack Receiving); or
   l. Level II STEMI Center (Heart Attack Referring).

17. **TSE Registry.** The population-based data system defined under Section 57-2003, Idaho Code.

18. **TSE System.** An organized statewide approach to treating trauma, stroke, and heart attack patients that establishes and promotes standards for patient transportation, equipment, and information analysis for effective and coordinated TSE care.

011. -- 074. (RESERVED)

075. **TSE COUNCIL.**
Under Section 56-1027, Idaho Code, the TSE Council will consist of members appointed by the Governor of Idaho and the chair of each regional TSE committee.

076. **TSE COUNCIL -- RESPONSIBILITIES AND DUTIES.**
The TSE Council is responsible for the duties described under Section 56-1028, Idaho Code.

077. -- 079. (RESERVED)

080. **TSE REGIONS.**
Under Section 56-1028, Idaho Code, the TSE Council is required to establish TSE regions that provide more effective access to the Idaho TSE system through education, but not for the purpose of promoting competition, restricting, or directing patient referrals within the region. The TSE Council has established six (6) regions in Idaho described in the Time Sensitive Emergency System Standards Manual incorporated under Section 004 of these rules.
081. TSE REGIONS -- REALIGNMENT OF REGION.
The TSE Council may realign a region by initiation of the TSE Council, or at the request of a regional TSE committee, a county or local government entity within the region, a TSE-designated center, or a licensed EMS agency within the region.

01. Requesting Entity. The requesting entity must forward correspondence to the TSE Council specifying the reason for the realignment request. The correspondence must include:

a. Existing patient routing patterns used by both EMS agencies and health care centers;

b. Distances and transport times involved in patient routing patterns;

c. A list of all entities affected by the request;

d. A list of all other licensed health care facilities and licensed EMS agencies in the county; and

e. Documentation that all affected regional TSE committees are agreeable to the realignment.

02. Copies of Request for Realignment. The entity requesting the TSE Council for realignment must provide copies of the correspondence to all affected regional TSE committees, county and local governments, licensed health care facilities, and EMS agencies in the requesting entity’s county.

03. TSE Decision for Realignment. The TSE Council will evaluate the request based on the impact to patient care and will notify all parties of the council’s decision.

082. REGIONAL TSE COMMITTEES -- ORGANIZATION AND RESPONSIBILITIES.
The regional TSE committees’ organization and responsibilities are described under Section 56-1030, Idaho Code.

083. -- 099. (RESERVED)

100. DESIGNATION OF TSE CENTERS -- CRITERIA.
Under Section 56-1029, Idaho Code, the TSE Council will designate a hospital as a trauma, stroke, or STEMI (heart attack) center when such hospital, upon proper application and verification, is found by the TSE Council to meet an applicable designation level for trauma, stroke, or STEMI (heart attack) designation criteria established in the Time Sensitive Emergency System Standards Manual incorporated under Section 004 of these rules.

101. -- 104. (RESERVED)

105. TRAUMA DESIGNATION CENTERS.
To be an Idaho TSE-designated Level I, II, III, IV, V, or a Pediatric Level I or Level II Trauma Center, a facility must meet or exceed required standards published for state designation in the Time Sensitive Emergency System Standards Manual incorporated under Section 004 of these rules.

106. -- 109. (RESERVED)

110. STROKE DESIGNATION CENTERS.
To be an Idaho TSE-designated Level I, II, or III Stroke Center, a facility must meet or exceed required standards published for state designation in the Time Sensitive Emergency System Standards Manual incorporated by reference under Section 004 of these rules.

111. -- 114. (RESERVED)

115. STEMI (HEART ATTACK) DESIGNATION CENTERS.
To be an Idaho TSE-designated Level I or II STEMI (Heart Attack) Center, a facility must meet or exceed required
standards published for state designation in the Time Sensitive Emergency System Standards Manual incorporated under Section 004 of these rules.

116. -- 119. (RESERVED)

120. DESIGNATION OF CENTERS -- GENERAL REQUIREMENTS.

01. Application. A facility applying for initial TSE designation must submit an application along with applicable fees for each designation it is requesting. Application process and requirements are provided in the Time Sensitive Emergency System Standards Manual incorporated under Section 004 of these rules. Fee requirements are provided in Section 200 of these rules.

02. Initial Designation. Initial designation requires completion of appropriate application, submission of appropriate fees, and completion of an appropriate on-site survey based on the Time Sensitive Emergency System Standards Manual incorporated by reference under Section 004 of these rules.

121. -- 189. (RESERVED)

190. TSE DESIGNATION -- LENGTH OF DESIGNATION. A TSE center will be designated for a period of three (3) years, unless the designation is rescinded by the TSE Council for non-compliance with the designation standards of these rules or adjusted to coincide with applicable external verification timetables.

191. RENEWAL OF TSE DESIGNATION. A TSE center must submit its renewal application and applicable fees no later than six (6) months prior to the center’s designation expiration date. Designation will not lapse due to a delay in scheduling the on-site survey, if the delay is through no fault of renewing center.

192. -- 194. (RESERVED)

195. NOTIFICATION OF LOSS OF CERTIFICATION OR LICENSURE. Any TSE-designated center that has a loss of certification or licensure must immediately notify the TSE Council by contacting TSE program staff.

196. -- 199. (RESERVED)

200. DESIGNATION AND TSE ON-SITE SURVEY FEES.

01. Application With National Verification. An applicant applying for a TSE designation that is verified by a national accrediting body must submit the appropriate designation fees with its application for initial designation and renewal. The designation fees are for a three (3) year designation and are payable on an annual basis. TSE designation fees are not to exceed those listed in Subsections 200.03 through 200.05 of this rule.

02. Application Without National Verification. An applicant who requires a TSE on-site survey prior to designation is required to pay the applicable on-site survey fee at the time of application. TSE designation and on-site survey fees are not to exceed those listed in Subsections 200.03 through 200.05 of this rule.

03. Trauma Designation and TSE On-Site Survey Fees.

<table>
<thead>
<tr>
<th>TRAUMA DESIGNATIONS</th>
<th>DESIGNATION FEE 3-year / Annual (Not to exceed)</th>
<th>TSE ON-SITE SURVEY FEE (Not to exceed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL I</td>
<td>$45,000 / $15,000</td>
<td>$3,000 / Not applicable with ACS verification</td>
</tr>
<tr>
<td>LEVEL II</td>
<td>$36,000 / $12,000</td>
<td>$3,000 / Not applicable with ACS verification</td>
</tr>
</tbody>
</table>
### 04. Stroke Designation and TSE On-Site Survey Fees

<table>
<thead>
<tr>
<th>Stroke Designations 200.04</th>
<th>Designation Fee 3-year / Annual (Not to exceed)</th>
<th>TSE On-Site Survey Fee (Not to exceed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL I</td>
<td>$21,000 / $7,000</td>
<td>$3,000 / Not applicable with ACS verification</td>
</tr>
<tr>
<td>LEVEL II</td>
<td>$12,000 / $4,000</td>
<td>$3,000 / Not applicable with ACS verification</td>
</tr>
<tr>
<td>LEVEL III</td>
<td>$1,500 / $500</td>
<td>$3,000 / Not applicable with ACS verification</td>
</tr>
</tbody>
</table>

### 05. STEMI (Heart Attack) Designation and TSE On-Site Survey Fees

<table>
<thead>
<tr>
<th>STEMI (Heart Attack) Designations 200.05</th>
<th>Designation Fee 3-year / Annual (Not to exceed)</th>
<th>TSE On-Site Survey Fee (Not to exceed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL I</td>
<td>$21,000 / $7,000</td>
<td>$3,000 / Not applicable with ACS verification</td>
</tr>
<tr>
<td>LEVEL II</td>
<td>$1,500 / $500</td>
<td>$3,000 / Not applicable with ACS verification</td>
</tr>
</tbody>
</table>

### 06. Designation Fee Payment

After completion of the TSE on-site survey, the TSE Council will notify the applicant facility of the designation determination by letter. The applicant facility must then pay either the annual designation fee or the entire three (3) year designation fee. After designation notification and upon the Department’s receipt of the designation fee, designation is effective. The TSE Council will send a certificate of designation and confirmation of the designation period. Annual designation fees for those facilities paying yearly are due to the Department within thirty (30) days of the date of the invoice in order to maintain designation. Failure to meet this deadline will result in suspension or revocation of designation as provided in Section 285 of these rules.
201. -- 249.  (RESERVED)

250.  TSE ON-SITE SURVEY.  
The TSE Council will conduct an on-site survey of each TSE-designated center at least once every three (3) years, unless the center has been verified by a national accrediting body to meet or exceed the standards set in these rules. The TSE Council will schedule the on-site survey with the designated center in a timely manner.  

251.  TSE ON-SITE SURVEY -- GENERAL REQUIREMENTS.  
The TSE on-site survey will consist of and consider each facility’s application and compliance with the standards published for state designation and incorporated under Section 004 of these rules for the specific type of designation being requested. The general requirements in Subsections 251.01 through 251.06 of this rule apply:

01. Survey Team Member Requirements. Survey team members will meet the following inclusion criteria:
   a. A physician surveyor must:
      i. Be certified by the American Board of Medical Specialties or the American Board of Osteopathic Medicine;  
      ii. Be board-certified in the specialty area being represented on the review team;  
      iii. Be currently active, or active in the last twelve (12) months, in trauma, stroke, or emergency cardiac care at a center that is at or above the level being reviewed;  
      iv. Have no conflict of interest with the facility under review;  
      v. Be from another state when performing a survey for Level I or Level II Trauma Center designations; and  
      vi. Be from outside the region of the center being verified.  
   b. A nurse surveyor or program manager must:
      i. Be currently active, or active in the last twelve (12) months, in trauma, stroke, or emergency cardiac care at a center that is at or above the level being reviewed; and  
      ii. Have no conflict of interest with the facility under review;  
      iii. Be from another state when performing a survey for Level I or Level II Trauma Center designations; and  
      iv. Be from outside the region of the center being verified.

02. Communication Between Surveyors and Facilities. In order to standardize ethical practice, all communication between surveyors and facilities prior to the survey must be facilitated by TSE program staff.

03. Survey Team Member Notification of Potential Conflict of Interest. Upon being assigned to an on-site survey team, a potential team member must notify the TSE Council of any potential conflict of interest regarding any financial, professional, or personal bias that may affect the survey of the applicant’s facility.

04. Notification to Applicant of Survey Team Members. The TSE Council will provide the applicant with the names of the on-site survey team once they have been selected and at least thirty (30) calendar days prior to the scheduled survey.
05. Facility Notification to TSE Council of Potential Conflict of Interest. If the applicant believes that a potential surveyor has a financial, professional, or personal bias that may affect the survey, the applicant must notify the TSE Council in writing no later than seven (7) calendar days after the applicant receives the TSE Council’s notification of the proposed survey team. (7-1-21)

06. Notification of Decision for Conflict of Interest. The TSE Council will consider the conflict of interest notice and make a decision concerning replacement of the survey team member in question. No person who has a substantial conflict of interest in the operation of any facility under review will participate in the on-site survey of the applicant. (7-1-21)

252. TSE ON-SITE SURVEY -- SURVEY TEAM COMPOSITION.
The TSE Council will select an on-site survey team based on the applicant’s designation application and specifications provided in these rules and the standards published in the Time Sensitive Emergency System Standards Manual incorporated under Section 004 of these rules. (7-1-21)

253. ON-SITE SURVEY -- ADDITIONAL SURVEYS.
The TSE Council may conduct additional, announced or unannounced, full or partial, on-site reviews of TSE designated centers or applicants when there is reason to believe that the center is not in compliance with the designation criteria standards of these rules. (7-1-21)

254. -- 259. (RESERVED)

260. DESIGNATION DECISION.

01. Summary Report. The survey team will present a verbal summary of the survey results to the applicant. The survey team will submit in writing to the TSE Council its recommendation on the center’s designation at the completion of the site survey. (7-1-21)

02. Written Report. The TSE Council will consider all evidence and notify the applicant in writing of its decision within thirty (30) calendar days of receiving the survey team’s recommendation. (7-1-21)

03. Final Determination. The TSE Council’s final determination regarding each application will be based upon consideration of:

a. The application; (7-1-21)

b. The evaluation and recommendations of the on-site survey team; (7-1-21)

c. The best interests of patients; and (7-1-21)

d. Any unique attributes or circumstances that make the facility capable of meeting special community needs. (7-1-21)

04. Provisional Designation. The TSE Council may grant a provisional designation to a facility with deficiencies it deems correctable. A facility receiving a provisional designation must:

a. Resolve the deficiencies within the time period specified by the TSE Council; (7-1-21)

b. Submit documentation that the deficiency has been resolved; and (7-1-21)

c. If necessary, submit to an additional focused on-site survey and pay the applicable survey fees. (7-1-21)

05. Denial. If the TSE Council denies an applicant a designation, the provisions of IDAPA 16.05.03, “Contested Case Proceedings and Declaratory Rulings,” will apply. (7-1-21)

261. -- 269. (RESERVED)
270. WAIVERS.

01. Granting a Waiver. The TSE Council may grant a waiver from one (1) or more designation criteria for a center applying for TSE designation.

02. Waiver Application. A center requesting a waiver must submit a completed TSE Waiver Application Form. The TSE Council may require the applicant to provide additional information, and the application will not be considered complete until all required information is provided.

03. Post Notice. A center requesting a waiver must post a notice of the waiver application at all public entrances to the center and in at least one (1) area that is commonly used by the patients. The notice must:

a. Include a meaningful description of the reason for the waiver;

b. Be posted on the date the waiver application is submitted;

c. Remain posted for a minimum of thirty (30) calendar days; and

d. Describe where and to whom comments may be submitted during the thirty (30) calendar days.

04. Notice Distribution. When the notice is posted, the center must also distribute copies of the notice to prehospital emergency medical service agencies active in the community served by the center.

05. Waiver Application Submission. The completed waiver application must be submitted to the TSE Council at least thirty (30) calendar days before a TSE Council meeting in order to be placed on the agenda. Applications submitted less than thirty (30) calendar days in advance of a TSE Council meeting will be placed on the next agenda.

06. Waiver Application Distribution. The TSE Council will make available the public notice of the TSE Council meeting regarding the waiver application to all TSE-designated centers.

07. Waiver Application Review. The regional TSE committee must review the request and make recommendations to the TSE Council. The TSE Council must make a decision and notify the facility administrator in writing within thirty (30) calendar days of the TSE Council meeting during which the waiver decision is made.

08. Waiver Conditions. When a waiver is granted, the TSE Council must:

a. Specify the terms and conditions of the waiver;

b. Specify the duration of the waiver; duration will not exceed the designation period for that center or three (3) years, whichever is shorter; and

c. Require the submission of progress reports from the center that was granted a waiver.

09. Waiver Renewal. A center that plans to maintain a waiver beyond its expiration must submit a new waiver application to the TSE Council no less than three (3) months prior to the expiration of the waiver.

10. Waiver Revocation. The TSE Council may revoke or suspend a waiver when it determines:

a. That continuation of the waiver jeopardizes the health, safety, or welfare of the patients;

b. The applicant has provided false or misleading information in the waiver application;
c. The applicant has failed to comply with conditions of the waiver; or (7-1-21)T

d. That a change in federal or state law prohibits continuation of the waiver. (7-1-21)T

11. Notification and Appeal. When the TSE Council denies, revokes, or suspends a waiver, the TSE Council must provide the center with a written notification of the action and the basis for the action. The notice will inform the facility of the right to appeal and the procedure to appeal the waiver action under the provisions in IDAPA 16.05.03, “Contested Case Proceedings and Declaratory Rulings.” Notification will be made in writing within thirty (30) calendar days of the TSE Council meeting during which the appeal decision is made. (7-1-21)T

271. -- 279. (RESERVED)

280. DENIAL AND MODIFICATION.

01. Denial. The TSE Council may deny an initial or renewal application for a center’s designation when a center:

a. Does not meet the criteria for designation required in these rules; (7-1-21)T

b. Application or accompanying documents contain false statements of material facts; (7-1-21)T

c. Refuses to allow any part of an on-site survey; (7-1-21)T

d. Fails to comply with or to successfully complete a plan of correction, or (7-1-21)T

e. Is substantially out of compliance with any TSE rules. (7-1-21)T

02. Modification. When a center fails to meet the criteria at the level of designation for which it applied or opts to surrender its designation, the TSE Council may recommend a designation at a lesser level described in Section 290 of these rules, or a complete revocation of state designation. This action, unless agreed to by the applicant, will represent a denial of the application. (7-1-21)T

03. Notification and Appeal. When the TSE Council denies an application for designation, the TSE Council must provide the center with a written notification of the denial and the basis for the denial. The notice will inform the facility of the right to appeal and the procedure to appeal the denial under the provisions in IDAPA 16.05.03, “Contested Case Proceedings and Declaratory Rulings.” (7-1-21)T

281. -- 284. (RESERVED)

285. REVOCATION AND SUSPENSION.

01. Revocation. The TSE Council may revoke the designation of a center or a waiver when an owner, officer, director, manager, or other employee:

a. Fails or refuses to comply with the provisions of these rules; (7-1-21)T

b. Fails to make annual designation fee payment for those facilities paying yearly; (7-1-21)T

c. Makes a false statement of material fact about the center’s capabilities or other pertinent circumstances in any record or matter under investigation for any purposes connected with these rules; (7-1-21)T

d. Prevents, interferes with, or attempts to impede in any way, the work of a representative of the TSE Council in implementing or enforcing these rules; (7-1-21)T

e. Falsely advertises, or in any way misrepresents the facility’s ability to care for patients based on its designation status; (7-1-21)T
f. Is substantially out of compliance with these rules and has not rectified such noncompliance;  
(7-1-21)T

g. Fails to provide reports required by the TSE registry or the Department in a timely and complete fashion; or  
(7-1-21)T

h. Fails to comply with or complete a plan of correction in the time or manner specified. (7-1-21)T

02. **Suspension.** The TSE Council may suspend a center’s designation or waiver when it finds, after investigation, that the center has engaged in a deliberate and willful violation of these rules, or that the public’s health, safety, or welfare is endangered.  
(7-1-21)T

03. **Notification and Appeal.** When the TSE Council revokes or suspends a center’s designation or waiver, it must provide the center with a written notification of the action and the basis for the action. The notice will inform the center of the right to appeal and the procedure to appeal the action under the provisions in IDAPA 16.05.03, “Contested Case Proceedings and Declaratory Rulings.” (7-1-21)T

286. -- 289. (RESERVED)

290. **DESIGNATION AT A LESSER LEVEL.**

01. **Inability to Meet Criteria.** The TSE Council may opt to redesignate a center at a lesser level due to the center’s inability to meet current designation criteria, without regard to any waiver previously granted.  
(7-1-21)T

02. **Notification and Appeal.** When the TSE Council decides to redesignate a center, it must provide the center with a written notification of the action and the basis for the action. The notice will inform the center of the right to appeal and the procedure to appeal the action under the provisions in IDAPA 16.05.03, “Contested Case Proceedings and Declaratory Rulings.”  
(7-1-21)T

291. -- 999. (RESERVED)
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