

Dear Senators VANORDEN, Zuiderveld, Wintrow, and
Representatives VANDER WOUDE, Erickson, Chew:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of
the Department of Health and Welfare:

IDAPA 16.03.01 - Eligibility for Health Care Assistance for Families and Children (ZBR Chapter
Rewrite) - Proposed Rule (Docket No. 16-0301-2301);

IDAPA 16.03.02 - Skilled Nursing Facilities (ZBR Chapter Rewrite) - Proposed Rule (Docket No.
16-0302-2301).

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the
cochairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research
and Legislation no later than fourteen (14) days after receipt of the rules' analysis from Legislative
Services. The final date to call a meeting on the enclosed rules is no later than 10/20/2023. If a meeting is
called, the subcommittee must hold the meeting within forty-two (42) days of receipt of the rules' analysis
from Legislative Services. The final date to hold a meeting on the enclosed rules is 11/17/2023.

The germane joint subcommittee may request a statement of economic impact with respect to a
proposed rule by notifying Research and Legislation. There is no time limit on requesting this statement,
and it may be requested whether or not a meeting on the proposed rule is called or after a meeting has
been held.

To notify Research and Legislation, call 334-4854, or send a written request to the address on the
memorandum attached below.



Terri Kondeff
Director

Legislative Services Office

Idaho State Legislature

Serving Idaho's Citizen Legislature

MEMORANDUM

TO: Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee

FROM: Senior Legislative Drafting Attorney - Jill Randolph

DATE: October 02, 2023

SUBJECT: Department of Health and Welfare

IDAPA 16.03.01 - Eligibility for Health Care Assistance for Families and Children (ZBR Chapter Rewrite) - Proposed Rule (Docket No. 16-0301-2301)

IDAPA 16.03.02 - Skilled Nursing Facilities (ZBR Chapter Rewrite) - Proposed Rule (Docket No. 16-0302-2301)

Summary and Stated Reasons for the Rule

Docket No. 16-0301-2301: The Department of Health and Welfare states this is a Zero-Based Regulation ("ZBR") chapter rewrite pursuant to Executive Order 2020-01. Accordingly, the Department states this rulemaking is intended to streamline and simplify existing rules previously submitted and reviewed by the Legislature regarding eligibility for health care assistance for families and children.

Docket No. 16-0302-2301: The Department of Health and Welfare states this is a Zero-Based Regulation ("ZBR") chapter rewrite pursuant to Executive Order 2020-01. Accordingly, the Department states this rulemaking is intended to streamline and simplify existing rules previously submitted and reviewed by the Legislature regarding regulations and standards for skilled nursing facilities.

Negotiated Rulemaking / Fiscal Impact

The agency states that negotiated rule making for both dockets was conducted. The Notice of Intent to Promulgate Rules - Negotiated rulemaking was published April 5, 2023 for Docket No. 16-0301-2301 and May 3, 2023 for Docket No. 16-0302-2301 editions of the Idaho Administrative Bulletin. There is no anticipated negative fiscal impact to the General Fund for either docket.

Statutory Authority

This rulemaking appears to be authorized by Section 56-202, Idaho Code, and Title 39, Chapter 13, Idaho Code.

cc: Department of Health and Welfare
Frank Powell and Trinette Middlebrook

Paul Headlee, Deputy Director Kristin Ford, Manager Keith Bybee, Manager April Renfro, Manager Norma Clark, Manager
Legislative Services Office Research & Legislation Budget & Policy Analysis Legislative Audits Information Technology

Statehouse, P.O. Box 83720
Boise, Idaho 83720-0054

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***** PLEASE NOTE *****

Per the Idaho Constitution, all administrative rules may be reviewed by the Legislature during the next legislative session. The Legislature has 3 options with this rulemaking docket: **1)** Approve the docket in its entirety; **2)** Reject the docket in its entirety; or **3)** Reject the docket in part.

IDAPA 16 – DEPARTMENT OF HEALTH AND WELFARE

16.03.01 – ELIGIBILITY FOR HEALTH CARE ASSISTANCE FOR FAMILIES AND CHILDREN

DOCKET NO. 16-0301-2301 (ZBR CHAPTER REWRITE)

NOTICE OF RULEMAKING – PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 56-202, 56-203, and 56-209, Idaho Code.

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

VIRTUAL TELECONFERENCE Via WebEx
Thursday, September 14, 2023 9:00 a.m. - 11:00 a.m. (MT)
Join from the meeting link https://idhw.webex.com/idhw/j.php?MTID=mc5b44d8b37e5b0346b1d8ae2d5fa4a5a
Join by meeting number Meeting number (access code): 2761 320 9796 Meeting password: JwjXEgVJ822 (59593485 from phones and video systems)
Join by phone +1-415-527-5035 United States Toll +1-303-498-7536 United States Toll (Denver)

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

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

Under [Executive Order 2020-01: Zero-Based Regulation](#), the Department is striving to prevent the accumulation of costly, ineffective, and outdated regulations and reduce regulatory burden to achieve a more efficient operation of government. The rule changes are intended to perform a comprehensive review of this chapter by collaborating with the public to streamline or simplify this rule language.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased:

This chapter contains no fees or charges.

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

This rulemaking is not anticipated to have any fiscal impact on the State General Fund, or any other known funds.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules - Negotiated Rulemaking was published in the April 5, 2023, Idaho Administrative Bulletin, Vol. 23-4, pages 31 and 32.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule:

There are no incorporations by reference in this chapter of rules.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Laura Schumaker at 208-799-4335.

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 September 27, 2023.

DATED this 4th day of August, 2023.

Trinette Middlebrook and Frank Powell
DHW - Administrative Rules Unit
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5500 phone; (208) 334-6558 fax
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THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 16-0301-2301
(ZBR Chapter Rewrite)

16.03.01 – ELIGIBILITY FOR HEALTH CARE ASSISTANCE FOR FAMILIES AND CHILDREN

000. LEGAL AUTHORITY.

~~In accordance with~~ Sections 56-202, 56-203, 56-209, 56-239, 56-250, 56-253, 56-255, 56-256 and 56-257, Idaho Code, ~~the Idaho Legislature has~~ authorized the Department ~~of Health and Welfare~~ to adopt and enforce rules for the administration of Title XIX of the Social Security Act (Medicaid), and Title XXI of the Social Security Act.

~~(3-17-22)~~()

001. TITLE AND SCOPE.

~~01. Title.~~ These rules are titled IDAPA 16.03.01, “Eligibility for Health Care Assistance for Families and Children.” ~~(3-17-22)~~

~~02. Scope.~~ These rules provide standards for issuing coverage for Title XIX and Title XXI of the Social Security Act. ~~(3-17-22)~~

002. WRITTEN INTERPRETATIONS.

~~This agency~~ The Department has written statements that pertain to the interpretation of or documentation of compliance with these rules ~~of this chapter, or to the documentation of compliance with the rules of this chapter~~. The documents ~~is are~~ available for public inspection and copying at cost at the Department ~~of Health and Welfare~~ or at

any of ~~the Department's~~ its Regional Offices. (3-17-22)()

0032. -- 009. (RESERVED)

010. DEFINITIONS (A THROUGH L).

~~For the purposes of this chapter, the following terms apply.~~ (3-17-22)

01. Advanced Payment of Premium Tax Credit. Payment of federal tax credits specified in 26 U.S.C. Part 36B (as added by ~~s~~Section 1401 of the Affordable Care Act) which are provided on an advance basis to an eligible individual enrolled in a Qualified Health Plan (QHP) through an exchange ~~in accordance with~~ under ~~s~~Sections 1402 and 1412 of the Affordable Care Act. (3-17-22)()

02. Adult. Any individual who has passed the month of ~~his~~ their nineteenth birthday. (3-17-22)()

03. Affordable Care Act. The Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (~~Pub. L.~~ Pub. L. 111-152). (3-17-22)()

04. Applicant. A person applying for public assistance from the Department, including individuals referred to the Department from a Health Insurance Exchange or Marketplace. ()

05. Application. An application for benefits including an Application for Assistance (AFA) or other application recognized by the Department, including referrals from a Health Insurance Exchange or Marketplace. ()

06. Application Date. The date the Application for Assistance (AFA) is received by the Department or by the Health Insurance Exchange or Marketplace electronically, telephonically, in person, or the date the application is postmarked, if mailed. ()

07. Caretaker Relative. ~~A caretaker relative is a~~ relative of a child by full- or half-blood, adoption, or marriage with whom the child is living and who assumes primary responsibility for the child's care. A caretaker relative includes a child's natural, adoptive, or ~~step-~~parents, grandparents, siblings, aunt, uncle, niece, nephew, or cousin. (3-17-22)()

08. Child. Any individual from birth through the end of the month of ~~his~~ their nineteenth birthday. (3-17-22)()

09. Citizen. A person having status as a "national of the United States" defined in 8 U.S.C. 1101(a)(22) that includes both citizens of the United States and non-citizen nationals of the United States. (3-17-22)()

10. Cost-Sharing. A participant payment for a portion of Medicaid service costs such as deductibles, co-insurance, or co-payment amounts. ()

11. Creditable Health Insurance. ~~Creditable health insurance is e~~Coverage that provides benefits for inpatient and outpatient hospital services and physicians' medical and surgical services. Creditable coverage excludes liability, limited scope dental, vision, specified disease, or other supplemental-type benefits. (3-17-22)()

12. Department. The Idaho Department of Health and Welfare ~~or its designee.~~ (3-17-22)()

13. Federal Poverty Guidelines (FPG). ~~The federal poverty guidelines i~~ssued annually by the Department of Health and Human Services (HHS). ~~The Federal Poverty Guidelines (FPG)~~ are available on the U.S. Health and Human Services website at <http://aspe.hhs.gov/poverty>. (3-17-22)()

14. Health Assessment. ~~Health Assessment is a~~n examination performed by a primary care provider in order to determine the appropriate health plan for a Medicaid-eligible individual. (3-17-22)()

15. Health Care Assistance (HCA). Health coverage that includes Medicaid coverage under Title XIX or Title XXI ~~as well as~~ and private health insurance plans purchased with a Premium Tax Credit described in

Subsection 010.01 of this rule granted by the Department for persons or families within ~~the State of~~ Idaho. (3-17-22)()

16. Health Insurance Premium Program (HIPP). The Premium Assistance program in which Title XIX and Title XXI participants may participate. ()

17. Health Plan. A set of health services paid for by Idaho Medicaid, or health insurance coverage obtained through the Health Insurance Exchange or Marketplace. ()

18. Health Questionnaire. A tool used to assist ~~Health and Welfare~~ Department staff in determining the correct Health Plan for the Medicaid applicant. (3-17-22)()

19. Internal Revenue Code. The federal tax law used to determine eligibility under Title 26 U.S.C. for individual income and self-employment income. (3-17-22)()

20. Internal Revenue Service (IRS). The U.S. government agency in charge of tax laws. These laws are used to determine income eligibility. The IRS website is at <http://www.irs.gov>. (3-17-22)()

21. Insurance Affordability Programs. ~~Insurance affordability programs include~~ Title XIX, ~~†~~ Title XXI, and all insurance programs available in the Health Insurance Exchange or Marketplace. (3-17-22)()

22. Lawfully Present. An individual who is a qualified non-citizen ~~as described in~~ under Section 221 of these rules. (3-17-22)()

011. DEFINITIONS (M THROUGH Z).
~~For the purposes of this chapter, the following terms apply.~~ (3-17-22)

01. MAGI-Based Income. Income calculated using the same financial methodologies used by the IRS to determine modified adjusted gross income (MAGI) for federal tax filers, with the following exception ~~that~~: (3-17-22)()

a. Educational income ~~is excluded in~~ under Section 382 of these rules; (3-17-22)()

b. Indian monies excluded by federal law are not included in MAGI-based income; ()

c. Lump sum income is counted only in the month received ~~in~~ under Section 384 of these rules; and (3-17-22)()

d. For Medicaid applicants, MAGI-based income is calculated based on income received in the month of application. ()

02. Medicaid. Idaho's Medical Assistance Program administered by the Department and funded with federal and state funds ~~according to~~ under Title XIX of the Social Security Act that provides medical care for eligible individuals. (3-17-22)()

03. Modified Adjusted Gross Income (MAGI). ~~Modified Adjusted Gross Income (MAGI), is~~ Adjusted Gross Income as defined by the IRS, plus certain tax-exempt income. (3-17-22)()

04. Newborn Deemed Eligible. A child born to a woman who is eligible for and receiving medical assistance on the date of the child's birth, including during a month of retroactive eligibility for the mother. A child ~~so~~ born under these conditions is eligible for Medicaid for the first year of ~~his~~ their life. (3-17-22)()

05. Non-Citizen. Same as "alien" ~~defined in~~ under Section 101(a)(3) of the Immigration and Nationality Act (INA) (8 U.S.C. 1101 (a)(3)), and includes any individual who is not a citizen or national of the United States. (3-17-22)()

06. Parent. For a household with a MAGI-based eligibility determination a parent can be: ()

- a. Natural; ()
- b. Biological; ()
- c. Adoptive; or ()
- d. Step-parent. (3-17-22)()
- 07. **Participant.** An individual who is eligible for, and enrolled in, a Health Care Assistance program. ()
- 08. **Qualified Hospital.** ~~A qualified hospital~~ Has a Memorandum of Understanding (MOU) with the Department, participates as a provider under the Medicaid ~~s~~State ~~p~~Plan, may assist individuals in completing and submitting applications for Hhealth coverage, and has not been disqualified from doing presumptive eligibility determinations. (3-17-22)()
- 09. **Qualified Non-Citizen.** Same as “qualified alien” ~~defined at~~ under 8 U.S.C. 164(b) and (c). (3-17-22)()
- 10. **Reasonable Opportunity Period.** A period of time allowed for an individual to provide requested proof of citizenship or identity. A reasonable opportunity period extends for ninety (90) days beginning on the 5th day after the notice requesting the proof has been mailed to the applicant. This period may be extended if the Department determines that the individual is making a “good faith” effort to obtain necessary documentation. (3-17-22)()
- 11. **Sibling.** For household with MAGI-based eligibility determination; ~~is~~ a natural or biological, adopted, half- or step-sibling. (3-17-22)()
- 12. **Tax Dependent.** A person, who is a related child, or other qualifying relative or person, ~~according to~~ under federal IRS standards for whom another individual can claim a deduction for a personal exemption when filing a federal income tax for a taxable year. (3-17-22)()
- 13. **Third-Party.** Includes a person, institution, corporation, public or private agency that is liable to pay all or part of the medical cost of injury, disease, or disability of a medical assistance participant. (3-17-22)()
- 14. **Title XIX of the Social Security Act.** ~~Title XIX of the Social Security Act.~~ Also known as Medicaid, is a medical benefits program jointly financed by the federal and state governments and administered by the States. This program pays for medical assistance for certain individuals and families with low income, and for some program types, limited resources. (3-17-22)()
- 15. **Title XXI of the Social Security Act.** ~~Title XXI of the Social Security Act.~~ Also known as the Children’s Health Insurance Program (CHIP), is a federal and state partnership similar to Medicaid; that expands health insurance to targeted, low-income children. (3-17-22)()
- 012. -- 099. (RESERVED)

APPLICATION REQUIREMENTS
(Sections 100-199)

100. PARTICIPANT RIGHTS.

The participant has rights protected by federal and state laws and Department rules. The Department ~~must will~~ inform participants of the following rights during the application process and eligibility reviews. (3-17-22)()

- 01. **Right to Apply.** Any person has the right to apply for any Health Care Assistance program. Applications may be submitted by paper, electronically, fax, or telephonically. Application information must be in a form or format provided by the Department. ()

02. Right to Hearing. Any participant can request a hearing to contest a Department ~~or Health Insurance Exchange or Marketplace~~ decision under ~~the provisions in~~ IDAPA 16.05.03, “Contested Case Proceedings and Declaratory Ruling.” (3-17-22)()

03. Right to Request Reinstatement of Benefits. Any participant has the right to request reinstatement of benefits until a hearing decision is made if the request for the reinstatement is made before the effective date of the action taken on the notice of decision. Reinstatement pending a hearing decision is not provided ~~in the case of~~ if an application is denied because an individual did not provide citizenship or identity documentation during a reasonable opportunity period allowed by the Department. (3-17-22)()

101. -- 110. (RESERVED)

111. SIGNATURES.

An individual who is applying for benefits, receiving benefits, or providing additional information as required by ~~this chapter~~ these rules, may do so with the depiction of the individual's name either handwritten, electronic, or recorded telephonically. Such signature serves as intention to execute or adopt the sound, symbol, or process for the purpose of signing the related record. (3-17-22)()

112. -- 129. (RESERVED)

130. APPLICATION TIME LIMITS.

Each application ~~must will~~ be processed as close to real time as practicable, but not longer than forty-five (45) days, from the date of application, unless prevented by events beyond the Department’s control. (3-17-22)()

131. -- 139. (RESERVED)

140. ELIGIBILITY EFFECTIVE DATES.

Title XIX and Title XXI coverage begins the first day of the application month. Coverage for a newborn is effective the date of birth. ()

141. -- 149. (RESERVED)

150. RETROACTIVE MEDICAL ASSISTANCE ELIGIBILITY.

Title XIX and Title XXI can begin up to three (3) calendar months before the application month if the participant is eligible during the prior period. Coverage is provided if services that can be paid by Medicaid were received in the prior period. ()

151. -- 199. (RESERVED)

NON-FINANCIAL REQUIREMENTS
(Sections 200-299)

200. NON-FINANCIAL CRITERIA FOR DETERMINING ELIGIBILITY.

Non-financial criteria are conditions of eligibility, other than income, that must be met before Health Care Assistance can be authorized. ()

201. -- 209. (RESERVED)

210. RESIDENCY.

The participant must live in Idaho and have no immediate intention of leaving, including an individual who has entered the state to look for work, or who has no permanent, fixed address. ()

211. -- 219. (RESERVED)

220. U.S. CITIZENSHIP VERIFICATION.

01. Citizenship Verified. Citizenship must be verified through electronic means when available. If an electronic verification is not immediately obtainable, the Department may request documentation from the applicant. The Department will not deny the application for Health Coverage until the applicant has had a reasonable opportunity period to obtain and provide the necessary proof of U.S. citizenship. (3-17-22)()

02. Benefits During Reasonable Opportunity Period. Benefits are provided during the reasonable opportunity period that is provided to allow the applicant time to obtain and provide documentation to verify U.S. citizenship. No overpayment exists for the reasonable opportunity period if the applicant does not provide necessary documentation during the reasonable opportunity period so that the application results in denial. ()

221. U.S. CITIZENSHIP AND QUALIFIED NON-CITIZEN REQUIREMENTS.

To be eligible, an individual must be a lawfully present member of one (1) of the following groups: Any individual who participates in Medicaid benefits must provide proof of US citizenship unless they have otherwise met the requirements under 42 CFR 435.406 Citizenship and Non-Citizen Eligibility. (3-17-22)()

01. U.S. Citizen. A U.S. Citizen or a “national of the United States.” (3-17-22)

02. Child Born Outside the U.S. A child born outside the U.S., as defined in Public Law 106-395, is considered a citizen if all of the following conditions are met: (3-17-22)

a. At least one (1) parent is a U.S. Citizen. The parent can be a citizen by birth or naturalization. This includes an adoptive parent; (3-17-22)

b. The child is residing permanently in the U.S. in the legal and physical custody of a parent who is a U.S. Citizen, and the child does not have IR-4 status; (3-17-22)

c. The child is under eighteen (18) years of age; (3-17-22)

d. The child is a lawful permanent resident; and (3-17-22)

e. If the child is an adoptive child, the child was residing in the U.S. at the time the parent was naturalized and was in the legal and physical custody of the adoptive parent. (3-17-22)

03. Full-Time Active Duty U.S. Armed Forces Member. A qualified non-citizen as defined in 8 U.S.C. 1641(b) or (c) who is currently on full time active duty with the U.S. Army, U.S. Air Force, U.S. Marine Corps, U.S. Navy or U.S. Coast Guard, or a spouse or unmarried dependent child of the U.S. Armed Forces member. (3-17-22)

04. Veteran of the U.S. Armed Forces. A qualified non-citizen as defined in 8 U.S.C. 1641(b) or (c) who was honorably discharged from the U.S. Army, U.S. Air Force, U.S. Marine Corps, U.S. Navy, or U.S. Coast Guard for a reason other than their citizenship status, or a spouse, including a surviving spouse who has not remarried, or an unmarried dependent child of the veteran. (3-17-22)

05. Non-Citizen Entering the U.S. Before August 22, 1996. A non citizen who entered the U.S. before August 22, 1996, who is currently a qualified non-citizen as defined in 8 U.S.C. 1641(b) or (c), who remained continuously present in the U.S. until he became a qualified non-citizen. (3-17-22)

06. Non-Citizen Entering on or After August 22, 1996. A non-citizen who entered the U.S. on or after August 22, 1996, and who is:- (3-17-22)

a. A refugee admitted into the U.S. under 8 U.S.C. 1157, and can be eligible for seven (7) years from the date of entry; (3-17-22)

b. An asylee granted asylum into the U.S. under 8 U.S.C. 1158, and can be eligible for seven (7) years from the date asylee status is assigned; (3-17-22)

c. An individual whose deportation or removal from the U.S. has been withheld under 8 U.S.C. 1253

or 1231(b)(3) as amended by Section 305(a) of Division C of Public Law 104-208, and can be eligible for seven (7) years from the date deportation or removal was withheld; (3-17-22)

~~d. An Amerasian immigrant admitted into the U.S. under 8 U.S.C. 1612(b)(2)(A)(i)(V), and can be eligible for seven (7) years from the date of entry; or (3-17-22)~~

~~e. A Cuban or Haitian entrant to the U.S. under Section 501(e) of the Refugee Assistance Act under Section 501(e) of P.L. 96-422 (1980), and can be eligible for seven (7) years from the date of entry. (3-17-22)~~

~~07. **Qualified Non-Citizen Entering on or After August 22, 1996.** A qualified non-citizen under 8 U.S.C. 1641(b) or (c), who entered the U.S. on or after August 22, 1996, and who has held a qualified non-citizen status for at least five (5) years. (3-17-22)~~

~~08. **American Indian Born in Canada.** An American Indian born in Canada, under 8 U.S.C. 1359. (3-17-22)~~

~~09. **American Indian Born Outside the U.S.** An American Indian born outside of the U.S., who is a member of a U.S. federally recognized tribe under 25 U.S.C. 450 b(e). (3-17-22)~~

~~10. **Qualified Non-Citizen Child Receiving Federal Foster Care.** A qualified non-citizen child as defined in 8 U.S.C. 1641(b) or (c), and receiving federal foster care assistance. (3-17-22)~~

~~11. **Victim of Severe Form of Trafficking.** A victim of a severe form of trafficking in persons, as defined in 22 U.S.C. 7102(13); who meets one (1) of the following: (3-17-22)~~

~~a. Is under the age of eighteen (18) years; or (3-17-22)~~

~~b. Is certified by the U.S. Department of Health and Human Services as willing to assist in the investigation and prosecution of a severe form of trafficking in persons; and (3-17-22)~~

~~i. Has made a bona fide application for a temporary visa under 8 U.S.C. 1104(a)(15)(T), which has not been denied; or (3-17-22)~~

~~ii. Is remaining in the U.S. to assist the U.S. Attorney General in the prosecution of traffickers in persons. (3-17-22)~~

~~12. **Afghan Special Immigrant.** An Afghan special immigrant, as defined in Public Law 110-161, who has special immigration status after December 26, 2007. (3-17-22)~~

~~13. **Iraqi Special Immigrant.** An Iraqi special immigrant, as defined in Public Law 110-181, who has special immigration status after January 28, 2008. (3-17-22)~~

~~14. **Individuals not Meeting the Citizenship or Qualified Non-Citizen Requirements.** An individual who does not meet the citizenship or qualified non-citizen requirements in Subsections 221.01 through 221.13 of this rule, may be eligible for emergency medical services if he meets all other conditions of eligibility. (3-17-22)~~

222. U.S. CITIZENSHIP AND IDENTITY VERIFICATION REQUIREMENTS.

Any individual who participates in a Title XIX Medicaid or Title XXI CHIP funded program must provide proof of U.S. citizenship and identity unless he has otherwise met the requirements under Section 226 of these rules. (3-17-22)

223. DOCUMENTATION OF U.S. CITIZENSHIP.

~~01. **Documents Accepted as Stand Alone Proof of U.S. Citizenship and Identity.** The following documents are accepted as proof of both U.S. citizenship and identity: (3-17-22)~~

- ~~a. A U.S. passport or a U.S. passport card, without regard to expiration date as long as the passport or passport card was issued without limitation; (3-17-22)~~
 - ~~b. A Certificate of Naturalization; (3-17-22)~~
 - ~~c. A Certificate of U.S. Citizenship. (3-17-22)~~
 - ~~d. Documented evidence, issued by a federally recognized Indian tribe, including tribes with an international border that identifies: (3-17-22)~~
 - ~~i. The federally recognized Indian Tribe issuing the document; (3-17-22)~~
 - ~~ii. The individual by name; (3-17-22)~~
 - ~~iii. Confirms the individual's membership; and (3-17-22)~~
 - ~~iv. Enrollment or affiliation with the Tribe. (3-17-22)~~
 - ~~e. Verification of U.S. citizenship by a federal agency or another state on or after July 1, 2006, no further documentation of U.S. citizenship or identity is required. (3-17-22)~~
- 02. Documents Accepted as Evidence of U.S. Citizenship.** The following documents are accepted as proof of U.S. citizenship if documented proof in Subsection 223.01 of this rule is not available. These documents are not proof of identity and must be used in combination with a least one (1) document listed in Subsection 223.03 or Section 224 of these rules to establish both citizenship and identity. (3-17-22)
- ~~a. A U.S. birth certificate that shows the individual was born in one (1) of the following: (3-17-22)~~
 - ~~i. United States' fifty (50) states; (3-17-22)~~
 - ~~ii. District of Columbia; (3-17-22)~~
 - ~~iii. Puerto Rico, on or after January 13, 1941; (3-17-22)~~
 - ~~iv. Guam; (3-17-22)~~
 - ~~v. U.S. Virgin Islands, on or after January 17, 1917; (3-17-22)~~
 - ~~vi. America Samoa; (3-17-22)~~
 - ~~vii. Swain's Island; (3-17-22)~~
 - ~~viii. Northern Mariana Islands, after November 4, 1986; or (3-17-22)~~
 - ~~b. A cross match with a state's vital statistics agency that documents birth records. (3-17-22)~~
 - ~~c. A certification of report of birth issued by the Department of State, Forms DS-1350 or FS-545; (3-17-22)~~
 - ~~d. A report of birth abroad of a U.S. Citizen, Form FS-240; (3-17-22)~~
 - ~~e. A U.S. Citizen I.D. card, DHS Form I-197; (3-17-22)~~
 - ~~f. A Northern Mariana Identification Card; (3-17-22)~~
 - ~~g. A final adoption decree showing the child's name and U.S. place of birth, or if the adoption is not final, a statement from the state approved adoption agency that shows the child's name and U.S. place of birth;~~

- ~~(3-17-22)~~
- ~~h. Evidence of U.S. Civil Service employment before June 1, 1976; (3-17-22)~~
 - ~~i. An official U.S. Military record showing a U.S. place of birth; (3-17-22)~~
 - ~~j. Certification of birth abroad, Form FS-545; (3-17-22)~~
 - ~~k. Verification with the Department of Homeland Security's Systematic Alien Verification for Entitlements (SAVE) database; (3-17-22)~~
 - ~~l. Evidence of meeting the automatic criteria for U.S. citizenship outlined in the Child Citizenship Act of 2000; (3-17-22)~~
 - ~~m. Medical records from a hospital, clinic, or doctor, admission papers from nursing facility, skilled care facility, or other institution that indicates a U.S. place of birth; (3-17-22)~~
 - ~~n. Life, health, or other insurance record that indicates a U.S. place of birth. (3-17-22)~~
 - ~~o. Officially recorded religious record that indicates a U.S. place of birth; (3-17-22)~~
 - ~~p. School records, including pre-school, Head Start, and daycare that shows the child's name and indicates a U.S. place of birth; (3-17-22)~~
 - ~~q. Federal or state census record that shows U.S. Citizenship or indicates a U.S. place of birth; or (3-17-22)~~
 - ~~r. When an applicant has none of the documents listed in Subsections 223.02.a. through q. of this rule, an affidavit signed by another individual under the penalty of perjury who can reasonably attest to the applicant's citizenship, and that contains the applicant's name, and indicates the date and U.S. place of birth, may be submitted. The affidavit does not need to be notarized. (3-17-22)~~
- 03. Documents Accepted for Evidence of Identity.** The following documents are accepted as proof of identity provided the document has a photograph or other identifying information that includes name, age, sex, race, height, weight, eye color, or address. ~~(3-17-22)~~
- ~~a. A driver's license issued by a state or territory. A driver's license issued by a Canadian government authority is not a valid indicator of identity in the U.S. and cannot be used as evidence of identity. (3-17-22)~~
 - ~~b. An identity card issued by federal, state, or local government; (3-17-22)~~
 - ~~c. School identification card; (3-17-22)~~
 - ~~d. U.S. Military card or draft record; (3-17-22)~~
 - ~~e. Military dependent's identification card; (3-17-22)~~
 - ~~f. U. S. Coast Guard Merchant Mariner card; or (3-17-22)~~
 - ~~g. A finding of identity from a federal or state governmental agency, when the agency has verified and certified the identity of the individual, including public assistance, law enforcement, internal revenue or tax bureau, or corrections agency; (3-17-22)~~
 - ~~h. A finding of identity from another state benefits agency or program provided that it obtained verification of identity as a criterion of participation; (3-17-22)~~
 - ~~i. Two (2) documents containing consistent information that corroborates the applicant's identity~~

~~including employer identification cards, high school or high school equivalency diplomas, college diplomas, marriage certificates, divorce decrees, property deeds or titles;~~ (3-17-22)

~~j. Identity affidavits are acceptable evidence of identity for individuals living in a residential care facility.~~ (3-17-22)

~~k. When an applicant has none of the specified findings or documents listed in Subsections 223.03.a. through j. of this rule, the applicant may submit an affidavit signed by another individual under the penalty of perjury who can reasonably attest to the applicant's identity. The affidavit must contain the applicant's name, and identifying information to establish identity. The affidavit does not need to be notarized.~~ (3-17-22)

~~224. IDENTITY RULES FOR CHILDREN.~~

~~The following additional sources of documentation of identity for children under nineteen (19) years of age may be used:~~ (3-17-22)

~~01. School Records. School records may be used to establish identity, including nursery or day care records.~~ (3-17-22)

~~02. Medical Records. Clinic, hospital, or doctor records may be used to establish identity.~~ (3-17-22)

~~225. ELIGIBILITY FOR APPLICANTS WHO DO NOT PROVIDE U.S. CITIZENSHIP AND IDENTITY DOCUMENTATION.~~

~~01. U.S. Citizenship and Identity not Verified. When the Department is unable to obtain verification of U.S. citizenship and identity through electronic means, or the applicant is unable to provide documentation at the time of application, the applicant will have a reasonable opportunity period of ninety (90) days to provide proof of U.S. citizenship and identity.~~ (3-17-22)

~~02. Notice Mailed. The reasonable opportunity period of ninety (90) days to provide needed documentation for proof of U.S. citizenship and identity begins five (5) days after the date the notice requesting the proof of documentation is mailed.~~ (3-17-22)

~~03. Medicaid Benefits. If the applicant meets all other eligibility requirements, Medicaid benefits will be approved pending verification of U.S. citizenship and identity. Medicaid benefits will be denied if the applicant refuses to obtain documentation.~~ (3-17-22)

~~226. INDIVIDUALS CONSIDERED AS MEETING THE U.S. CITIZENSHIP AND IDENTITY DOCUMENTATION REQUIREMENTS.~~

~~The individuals listed in Subsections 226.01 through 226.06 of this rule are considered to have met the U.S. citizenship and identity requirements and are not required to provide further documentation.~~ (3-17-22)

~~01. Supplemental Security Income (SSI) Recipients.~~ (3-17-22)

~~02. Social Security Disability Income (SSDI) Recipients.~~ (3-17-22)

~~03. Individuals Entitled or Enrolled in Medicare by SSA. Individuals determined by the SSA to be entitled or enrolled in any part of Medicare.~~ (3-17-22)

~~04. Adoptive or Foster Care Children Receiving Assistance. Adoptive or foster care children receiving under Title IV B or Title IV E of the Social Security Act.~~ (3-17-22)

~~05. Individuals Deemed Eligible for Medicaid. A waived newborn under Section 530 of these rules.~~ (3-17-22)

~~06. Individuals Whose Records Match Records of the SSA. Confirmed records of SSA that match and include:~~ (3-17-22)

- ~~a. Name; (3-17-22)~~
- ~~b. Social Security Number; and (3-17-22)~~
- ~~c. Declaration of U.S. Citizenship. (3-17-22)~~

~~227. ASSISTANCE IN OBTAINING DOCUMENTATION.~~

~~The Department will provide assistance to individuals who need assistance in securing satisfactory documentary evidence of U.S. citizenship. (3-17-22)~~

~~228. VERIFICATION OF CITIZENSHIP AND IDENTITY ONE TIME.~~

~~Once an individual's U.S. citizenship and identity have been verified, whether through an electronic data match or by provided documentation, changes in eligibility will not require an individual to provide the verification again. If later verification, documentation, or information provides the Department with good cause to question the validity of the individual's U.S. citizenship or identity, the individual may be requested to provide further verification. (3-17-22)~~

~~229. -- 249. (RESERVED)~~

250. EMERGENCY MEDICAL CONDITION.

An individual who meets eligibility criteria for a category of assistance but does not meet U.S. citizenship requirements or eligible non-citizen requirements may receive medical assistance under a Title XIX or Title XXI coverage group as follows: (3-17-22)()

01. Emergency Medical Conditions. An individual not meeting the U.S. citizenship requirement may receive medical services necessary to treat an emergency medical condition, including labor and delivery. Emergency medical conditions have acute symptoms of severity, including severe pain. (3-17-22)()

02. Determination of Emergency Medical Conditions. The Department determines if a condition meets criteria of an emergency medical condition. ()

03. Limitation on Medical Assistance. Medical assistance is limited to the period of time established for the emergency medical condition. (3-17-22)()

04. Documentation Waived. For undocumented individuals with emergency medical conditions, the Social Security Number (SSN) requirement is waived because an SSN cannot be issued. Individuals must be otherwise eligible for Title XIX or XXI. ()

251. SPONSOR DEEMING.

Income of a legal non-citizen's sponsor and the sponsor's spouse are counted in determining eligibility. ()

252. SPONSOR RESPONSIBILITY.

Section 213 of the Immigration and Naturalization Act requires that a sponsor signing Form I-864, Affidavit of Support, reimburse the Department for Health Care Assistance benefits paid for a sponsored, qualified non-citizen. ()

~~253. -- 269. (RESERVED)~~

270. SOCIAL SECURITY NUMBER (SSN) REQUIREMENT.

01. SSN Required. An applicant must provide ~~his social security number~~ their (SSN), or proof ~~he has~~ they have applied for an SSN, to the Department before approval of eligibility. If the applicant has more than one (1) SSN, all numbers must be provided. (3-17-22)()

a. The SSN must be verified by the Social Security Administration (SSA) electronically. When an SSN is unverified, the applicant is not eligible for Health Care Assistance. ()

b. The Department ~~must~~ will notify the applicant in writing if eligibility is being denied or lost for

failure to meet the SSN requirement. (3-17-22)()

02. Application for SSN. The applicant must apply for an SSN, or a duplicate SSN when ~~he~~ they cannot provide ~~his~~ their SSN to the Department. If the SSN has been applied for, but not issued by the SSA, the Department can-not deny, delay, or stop benefits. The Department will help an applicant with required documentation when the applicant applies for an SSN. (3-17-22)()

03. Failure to Apply for SSN. The applicant may be granted good cause for failure to apply for an SSN if they have a well-established religious objection to applying for an SSN. A well-established religious objection means the applicant: ()

- a. Is a member of a recognized religious sect or division of the sect; and ()
- b. Adheres to the tenets or teachings of the sect, or division of the sect, and for that reason is conscientiously opposed to applying for or using a national identification number. ()

04. SSN Requirement Waived. An applicant may have the SSN requirement waived when ~~he is~~ they are: (3-17-22)()

- a. Only eligible for emergency medical services ~~as described in~~ under Section 250 of these rules; or (3-17-22)()
- b. A newborn deemed eligible child ~~as described in~~ under Section 530 of these rules. (3-17-22)()

271. -- 279. (RESERVED)

280. GROUP HEALTH PLAN ENROLLMENT.

Title XIX and Title XXI participants must apply for and enroll in a cost-effective group health plan if one is available. A cost-effective health plan is one which has premiums and co-payments at a lower cost than Medicaid would pay for full medical services. Medicaid will pay premiums and other co-payments for plans the Department finds cost-effective. ()

281. MEDICAL EXCEPTION FOR INMATES.

An inmate can receive Medicaid while they are an inpatient in a medical facility. ~~The inmate,~~ and must meet all Medicaid eligibility requirements. (3-17-22)()

282. -- 289. (RESERVED)

290. ASSIGNMENT OF RIGHTS TO MEDICAL SUPPORT AND THIRD-PARTY LIABILITY.

~~By operation of~~ Under Sections 56-203B and 56-209b(3), Idaho Code, medical support rights are assigned to the Department by signature on the application for assistance. The participant must cooperate to secure medical support from any liable third-party. The cooperation requirement may be waived if the participant has good cause for not cooperating. (3-17-22)()

291. MEDICAL SUPPORT COOPERATION.

A Medicaid participant responsible for assigning their rights to medical support must cooperate to identify and locate the noncustodial parent, establish paternity, and establish, modify, and enforce a medical support order. ()

01. Cooperation Defined. Cooperation includes providing all information to identify and locate the non-custodial parent; and identifying ing other liable third party-payers. The participant must provide the first and last name of the non-custodial parent. ~~The participant must also provide,~~ and at least two (2) of the following pieces of information about the non-custodial parent: (3-17-22)()

- a. Birth-date; (3-17-22)()
- b. ~~Social Security Number~~ SSN; (3-17-22)()

- c. Current address; ()
 - d. Current phone number; ()
 - e. Current employer; ()
 - f. Make, model, and license number of any motor vehicle owned by the non-custodial parent; or ()
 - g. Names, phone numbers, and addresses of the parents of the non-custodial parent. ()
- 02. Good Cause Defined.** The participant may claim good cause for failure to cooperate in securing medical support for a minor child. Good cause is limited to the following reasons: (3-17-22)()
- a. ~~There is p~~Proof the child was conceived ~~as a result~~ because of incest or rape; (3-17-22)()
 - b. ~~There is p~~Proof the child's non-custodial parent may inflict physical or emotional harm to the participant, the child, the custodial parent, or the caretaker relative; (3-17-22)()
 - c. A credible explanation is provided showing the participant cannot provide the minimum information regarding the non-custodial parent; or ()
 - d. A participant who has good cause for not cooperating ~~as described in~~ under Subsection 291.03.b of this rule. (3-17-22)()
- 03. Conditions for Non-Denial of Medicaid.** Medicaid cannot be denied for individuals who meet one (1) of the following conditions: ()
- a. A child or unmarried minor child who cannot legally assign ~~his~~ their rights to medical support; or (3-17-22)()
 - b. A pregnant woman whose income is at or below the ~~federal poverty guideline~~ FPG, and who does not cooperate in establishing paternity and obtaining medical support from, or derived from, the father of the unborn child. (3-17-22)()

292. -- 295. (RESERVED)

296. COOPERATION WITH THE QUALITY CONTROL PROCESS.

When the Department or federal government selects a case for review in the quality control process, the participant must cooperate in the review of the case. ()

297. -- 299. (RESERVED)

**FINANCIAL REQUIREMENTS
(Sections 300-344)**

300. HOUSEHOLD COMPOSITION AND FINANCIAL RESPONSIBILITY.

Household composition and financial responsibility are divided into two (2) categories: tax-filing and non-tax filing households. (3-17-22)()

301. TAX FILING HOUSEHOLD.

01. Taxpayers. For an individual filing a federal tax return for the taxable year in which an initial determination or redetermination of eligibility is made, and who is not claimed as a tax dependent by another taxpayer, the tax filing household consists of the taxpayer, the taxpayer's spouse, and the taxpayer's tax dependents. ()

02. Individuals Claimed as a Tax-Dependent. For an individual who is claimed as a tax dependent by another taxpayer, the tax filing household is the household of the taxpayer claiming such individual as a tax dependent, ~~with the exception that~~ except when tax dependents meeting any of the following criteria will be treated as non-filers ~~described in under~~ Section 302 of these rules. Individuals: (3-17-22)()

- a. ~~Individuals e~~Claimed as a tax dependent by an individual other than a spouse or custodial parent; (3-17-22)()
- b. ~~Individuals u~~Under age nineteen (19) living with both parents, if the parents are not married, or married filing separately; and (3-17-22)()
- c. ~~Individuals u~~Under age nineteen (19) claimed as a tax dependent by a parent residing outside of the applicant household. (3-17-22)()

03. Married Couples. For married couples living together, each spouse is included in the household of the other spouse, regardless of whether a joint federal tax return is filed, if one (1) spouse is claimed as a tax dependent by the other spouse, or if each filed separately. ()

302. NON-TAX FILING HOUSEHOLD.

01. Individuals Not Filing a Tax Return and Not Claimed as a Tax Dependent. For an individual who does not expect to file a federal tax return and is not claimed as a tax dependent by a tax filer, or meets one (1) of the exceptions in ~~Subsections 301.02.a. through 301.02.c. of these~~ this rules, the household consists of the individual and, if living with the individual the following: (3-17-22)()

- a. The individual's spouse; ()
- b. The individual's natural, adopted, and stepchildren under age nineteen (19); or ()
- c. ~~In the case of~~ If individuals are under age nineteen (19), the individual's natural, adopted, and step parents and natural, adoptive, and step siblings under age nineteen (19). (3-17-22)()

02. Married Couples. Married couples living together will be included in the household of the other spouse. ()

303. -- 344. (RESERVED)

INCOME
(Sections 345-394)

345. HOUSEHOLD INCOME.

The sum of calculated ~~Modified Adjusted Gross Income~~ (MAGI-based income) of every individual whose income must be included in the household budget minus a standard disregard in the amount of five percent (5%) of ~~F~~ederal ~~P~~overty ~~G~~uidelines (~~FPG~~) by family size, if the disregard is used to establish eligibility. (3-17-22)()

346. DETERMINING INCOME ELIGIBILITY.

Financial eligibility for Medicaid applicants ~~must~~ will be based on calculated monthly household income and household size. Eligibility for Health Care Assistance is determined by comparing the individual's calculated income against the income limit. (3-17-22)()

347. EARNED INCOME.

Earned income is derived from labor or active participation in a business. Earned income includes taxable wages, tips, salary, commissions, bonuses, self-employment, and any other type of income defined as earnings by the Internal Revenue Service (IRS). Earned income is counted as income when it is received, or would have been received, except for the decision of the participant to postpone receipt. Earnings over a period of time and paid at one (1) time, such as the sale of farm crops, livestock, or poultry are annualized, and IRS-allowable self-employment expenses deducted.

(3-17-22)()

348. DEPENDENT CHILD'S EARNED INCOME.

A dependent child's earned income is excluded, unless the child is required to file a tax return based on his own income. ()

349. (RESERVED)

350. IN-KIND INCOME.

An individual who receives a service, benefit, or durable goods instead of wages is earning in-kind income. In-kind income is excluded. ()

351. SELF-EMPLOYMENT EARNED INCOME.

Income from self-employment is treated as earned income. Calculated self-employment income is the taxable self-employment income after gross receipts and the IRS allowable costs of producing the self-employment income, when the self-employment is expected to continue ~~as provided in~~ under Title 26, U.S.C. (3-17-22)()

352. -- 369. (RESERVED)

370. UNEARNED INCOME.

Unearned income is any income the individual receives that is not gained through employment. Unearned income is not excluded income if it is taxable. ()

371. -- 383. (RESERVED)

384. LUMP SUM INCOME.

A non-recurring lump sum payment is income in the month the lump sum is received. Lump sum income is a retroactive monthly benefit or a windfall payment. The lump sum may be earned or unearned income that is paid in a single sum. Lump sum income includes retirement, survivors, and disability insurance (RSDI), severance pay, disability insurance, and lottery winnings. ()

385. -- 387. (RESERVED)

388. DEPENDENT CHILD'S UNEARNED INCOME.

A child's unearned income is countable towards ~~his~~ their household's eligibility, only when the child must file a tax return based on ~~his~~ their own income. (3-17-22)()

389. -- 394. (RESERVED)

**DISREGARDS
(Section 395-399)**

395. INCOME DISREGARDS.

A standard disregard in the amount of five percent (5%) of ~~F~~ederal ~~P~~poverty ~~G~~uidelines ~~(FPG)~~ by family size is applied to the calculated income of an individual in those situations where the application of the disregard is necessary in order for the individual to be eligible for the highest income limit ~~H~~health ~~C~~are coverage for which they may be eligible. (3-17-22)()

396. -- 399. (RESERVED)

**HEALTH COVERAGE FOR ADULTS
(Sections 400-499)**

400. MEDICAID FOR ADULTS.

Medicaid is available for the following adults: ()

- 01. Parent, Caretaker Relative, or a Pregnant Woman.** ~~The individual who:~~ (3-17-22)()
- a. ~~The individual who is~~ a parent, caretaker relative, or a pregnant woman in the household budget unit. (3-17-22)()
- b. ~~The individual who is~~ responsible for an eligible dependent child, which includes the unborn child of a pregnant woman. (3-17-22)()
- c. ~~The individual who lives~~ in the same household with the eligible dependent child. (3-17-22)()
- 02. Adults Under Age 65.** The individual must: ()
- a. Be age nineteen (19) or older and under age sixty-five (65); ()
- b. Not entitled to or enrolled in Medicare Part A or Part B; and- (3-17-22)()
- c. Not otherwise eligible for any other coverage under the State Plan. ()
- 03. MAGI Income Eligibility.** For any of the eligibility groups ~~described in~~ under Subsections 400.01 and 02, the individual must meet all income requirements of the Medicaid program for eligibility determined ~~according to~~ under MAGI methodologies identified in Sections 300 through 303, and 411 of these rules. Eligibility is based on: (3-17-22)()
- a. The number of members included in the household budget unit; ()
- b. All countable income for the household budget unit; and ()
- c. Eligible individuals will have income calculated using their ~~modified adjusted gross income~~ (MAGI). Individuals with MAGI not greater than one hundred thirty-three per cent (133%) after applying a five per cent (5%) disregard to income are eligible to receive Medicaid in this ~~section~~ rule. (3-17-22)()
- 04. Member of More Than One Budget Unit.** No person may receive benefits in more than one (1) budget unit during the same month. ()
- 05. More Than One Medicaid Budget Unit in Home.** If there is more than one (1) Medicaid budget unit in a home, each budget unit is considered a separate unit. ()

401. -- 410. (RESERVED)

411. INCOME LIMITS FOR PARENTS AND CARETAKER RELATIVES.

The income limits are based on the number of household budget unit members. Parents and caretaker relatives, whose MAGI-based income does not exceed the guidelines listed in the table below for their household size, meet the income limit for parent and caretaker relative Medicaid.

TABLE 411 INCOME LIMITS	
Number of Household Members	Income Limit
1	\$233
2	\$289
3	\$365
4	\$439
5	\$515

TABLE 411 INCOME LIMITS	
Number of Household Members	Income Limit
6	\$590
7	\$666
8	\$741
9	\$816
10	\$982
Over 10 Persons	Add \$75 Each

()

412. -- 418. (RESERVED)

419. TRANSITIONAL MEDICAID FOR PARENT CARETAKER ADULTS.

Participants who no longer qualify for Medicaid due to an increase in earned income or working hours are eligible for an additional twelve (12) months of Medicaid. Participants must have been eligible for Medicaid during at least three (3) of the six (6) months immediately preceding the month in which the participant became ineligible.

(3-17-22)()

420. EXTENDED MEDICAID FOR SPOUSAL PARENT CARETAKER SUPPORT INCREASE.

Participants are eligible for four (4) calendar months of Extended Medicaid if an increase in the participant's spousal support causes them to exceed the income limit for their household budget unit size. The participant must have received Medicaid in Idaho in at least three (3) of the six (6) months before the month the participant became income ineligible.

(3-17-22)()

421. PREGNANT WOMAN INELIGIBLE BECAUSE OF EXCESS INCOME.

A pregnant woman who receives Health eCare aAssistance and becomes ineligible because of an increase in income will continue to receive coverage through the end of the month in which the sixtieth day of her postpartum period falls.

(3-17-22)()

422. -- 519. (RESERVED)

**HEALTH COVERAGE FOR CHILDREN
 (Sections 520-529)**

520. FINANCIAL ELIGIBILITY.

Children are eligible for Health Care Assistance when the household's total MAGI-Bbased income minus a standard disregard in the amount of five percent (5%) of Federal Poverty Guidelines (FPG) by family size is less than or equal to the applicable income limit for the age of the child.

(3-17-22)()

01. Title XIX Income Limit. For children age zero (0) to six (6), Title XIX income limit is one hundred forty-two percent (142%) of the FPG for the household size. For children age six (6) through age eighteen (18) the income limit is one hundred thirty three percent (133%) of the FPG for the household size. ()

02. Title XXI Income Limit. For children age zero (0) to six (6), Title XXI income limit is between one hundred forty-two percent (142%) and one hundred eighty-five percent (185%) of the FPG for the household size. For children ages six (6) through eighteen (18) the income limit is between one hundred thirty-three percent (133%) and one hundred eighty five percent (185%) of the FPG for the household size.

(3-17-22)()

03. Disregard Applied. A standard disregard in the amount of five percent (5%) of Federal Poverty Guidelines (FPG) by family size is applied to the calculated income used to establish the child's eligibility when applying the disregard is necessary for the child to be financially eligible.

(3-17-22)()

521. HOUSEHOLD SIZE AND FINANCIAL RESPONSIBILITY.

Household size and financial responsibility for health coverage for children is determined using the methodology ~~described in~~ under Section 300 of these rules. (3-17-22)()

522. (RESERVED)

523. ACCESS TO OR COVERAGE UNDER OTHER HEALTH PLANS.

A child is ineligible for coverage under the CHIP plan if they have access to or are enrolled in other health coverage plans as described below: ()

01. Covered by Creditable Health Insurance. The child is covered by creditable health insurance at the time of application. ()

02. ~~Child is Eligible for under Idaho's Title XIX State Plan.~~ Child is Eligible for under Idaho's Title XIX State Plan. ~~The child is eligible under Idaho's Title XIX State Plan.~~ (3-17-22)()

03. Idaho State Employee Benefit Plan. The child is eligible to receive health insurance benefits under Idaho's State employee benefit plan. ()

524. CONTINUOUS HEALTH CARE ASSISTANCE ELIGIBILITY FOR CHILDREN UNDER AGE NINETEEN.

Children under age nineteen (19), who are found eligible for health coverage in an initial determination or at renewal, remain eligible for a period of twelve (12) months. The twelve (12) month continuous eligibility period does not apply if, for any reason, eligibility was determined incorrectly. ()

01. Reasons Continuous Eligibility Ends. ~~Continuous eligibility for children ends for one (1) of the following reasons:~~ (3-17-22)()

a. The child is no longer an Idaho resident; ()

b. The child dies; ()

c. The participant requests closure; or ()

d. The child turns nineteen (19) years ~~of age as defined in~~ old under Subsection 010.05 of these rules. (3-17-22)()

02. Reasons Children are Not Eligible for Continuous Eligibility. ~~Children are not eligible for continuous eligibility for one (1) of the following reasons:~~ (3-17-22)()

a. A child is approved for emergency medical services; or ()

b. A child is approved for pregnancy-related services. ()

525. FORMER FOSTER CHILD.

An individual who is between the age of eighteen (18) and twenty-six (26), who was in foster care ~~in Idaho~~ and became ineligible for Medicaid as a foster child due to age, may receive Medicaid coverage until ~~his~~ their twenty-sixth birthday. There are no financial eligibility criteria. The only non-financial criteria are the receipt of foster care services and age. (3-17-22)()

526. -- 529. (RESERVED)

**SPECIAL CIRCUMSTANCES FOR CHILDREN
(Sections 530-549)**

530. NEWBORN CHILD DEEMED ELIGIBLE FOR MEDICAID.

A child is deemed eligible for Medicaid for ~~his~~ their first year of life when the following exists. (3-17-22)()

01. Mother Filing an Application. The child is born to a mother who files an application for medical assistance. ()

02. Mother Is Eligible for Medicaid. The mother is eligible for Medicaid in the newborn's birth month, including a month of retroactive coverage. This includes a mother who qualifies for coverage only for the delivery because of her alien status. ()

531. MINOR PARENT LIVING WITH PARENTS.

A minor parent is a child under the age of eighteen (18) who is pregnant or has a child. Minor parents who live with their parents may be eligible for Health Care Assistance for themselves and their children. The minor parent's eligibility is determined ~~according to the~~ under Section 300 of these rules related to tax filing households. (3-17-22)()

532. RESIDENT OF AN ELIGIBLE INSTITUTION.

A resident of an eligible institution must meet all non-financial and financial criteria of Title XIX, Title XXI, or any other applicable program. (3-17-22)()

533. CHILDREN WITH SPECIAL CIRCUMSTANCES AND MEDICAID.

Children who receive foster care or are in adoptive placements are eligible for Medicaid. The children must meet non-financial criteria and ~~must meet~~ the financial requirements described for the children's coverage group. (3-17-22)()

534. (RESERVED)

535. TITLE IV-E FOSTER CARE CHILD.

A child may be eligible for Medicaid under the Title IV-E foster care program if they meet the eligibility requirements in IDAPA 16.06.01, "Child and Family Services," Section 425. ()

536. -- 539. (RESERVED)

540. YOUTH EMPOWERMENT SERVICES (YES) PROGRAM CHILDREN.

01. Payments for Children Under Eighteen (18) Years ~~of Age Old~~ with SED. ~~In accordance with Under~~ Section 56-254(2), Idaho Code, the Department will make payments for medical assistance for a child under eighteen (18) years ~~of age old~~ with serious emotional disturbance (SED), as defined in Section 16-2403, Idaho Code, and verified by an independent assessment: (3-17-22)()

a. Whose family income does not exceed three hundred percent (300%) of the ~~federal poverty guideline~~ (FPG) as determined using MAGI-based eligibility standards; or (3-17-22)()

b. Who meets other Title XIX Medicaid eligibility standards ~~in accordance with~~ under the rules of the Department. (3-17-22)()

02. Youth Empowerment Services (YES) Benefits. Applicants whose family income is equal to or less than three hundred percent (300%) of the ~~Federal Poverty Guidelines~~ (FPG) for children zero (0) to eighteen (18) years ~~of age old~~ and who meet the non-financial eligibility criteria in Sections 200 through 299 of these rules may receive the following benefits: (3-17-22)()

a. ~~Youth Empowerment Services (YES)~~ State Plan option services and supports ~~described in~~ under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 635 through 638; and (3-17-22)()

b. Additional covered services ~~set forth in~~ under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 075 through 799. (3-17-22)()

03. Additional Eligibility Criteria and Program Requirements for YES. Additional eligibility

criteria and program requirements applicable to the ~~Youth Empowerment Services (YES)~~ State Plan option are described in under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 635 through 638. (3-17-22)()

541. -- 544. (RESERVED)

545. PRESUMPTIVE ELIGIBILITY FOR CHILDREN AND ADULTS.

Presumptive eligibility determination for qualifying medical coverage groups can only be provided by a qualified hospital defined in Section 011 of these rules. (3-17-22)()

01. Presumptive Eligibility Decisions. Decisions of presumptive eligibility can be made for individuals; who meet program requirements for MAGI-based Medicaid coverage. (3-17-22)()

02. Presumptive Eligibility Determination. Presumptive eligibility determinations are made by a qualified hospital when an individual receiving medical services is not covered by health care insurance and the financial assessment by hospital staff indicates the individual is eligible for Medicaid coverage in Idaho. This determination is made by hospital staff through an online presumptive application process: (3-17-22)()

a. Prior to completion of a full Medicaid application; and ()

b. Prior to a determination being made by the Department on the full application. ()

03. Presumptive Eligibility Period. The presumptive eligibility period begins on the date the presumptive application is filed online and ends with the earlier of the following: ()

a. The date the full eligibility determination is completed by the Department; or ()

b. The end of the month after the month the qualified hospital completed the presumptive eligibility determination. ()

546. QUALIFIED HOSPITAL PRESUMPTIVE ELIGIBILITY PROCESSES.

A qualified hospital must have a Memorandum of Understanding (MOU) with the Department and follow all standards and processes agreed to in the MOU. ()

01. Acceptance of Application. The qualified hospital accepts the request for services in the same manner as all applications for assistance are accepted. ()

02. Standards and Processes. The presumptive eligibility determination must be based on standards and processes provided by the Department. ()

03. Assistance to Applicant. The qualified hospital must assist the applicant in completing the Department's application process. ()

04. Qualified Hospital Staff. Only qualified hospital staff who are trained in presumptive eligibility standards can make a presumptive eligibility determination. ()

05. Notice to Applicant. The qualified hospital or the Department will provide notice to the applicant within two (2) business days on the presumptive eligibility determination. (3-17-22)()

06. Notice and Hearing Rights. Presumptive eligibility decisions are not appealable and do not have hearing rights under the Title XIX Medicaid program. ()

07. Number of Presumptive Eligibility Periods Allowed. Only one (1) presumptive eligibility period is allowed per applicant in any twelve (12) month period. ()

547. -- 599. (RESERVED)

CASE MAINTENANCE REQUIREMENTS
(Sections 600-701)

600. ANNUAL ELIGIBILITY RENEWAL.

Participants must have an annual eligibility review of all eligibility factors. Exceptions to the annual eligibility renewal are listed in Section 601 of these rules. ()

01. Continuing Eligibility. ~~Continuing eligibility is~~ determined using available electronic verification sources without participant contact, unless ~~information:~~ (3-17-22)()

a. ~~Information is~~ not available; (3-17-22)()

b. ~~Information sources~~ provide conflicting information; or (3-17-22)()

c. ~~Information is~~ inconsistent with information provided by the participant. (3-17-22)()

02. Inconsistency Impacts Eligibility. When inconsistency exists from electronic verification sources that impact participant eligibility, information must be verified by the participant. The Department provides the participant a document that displays household information currently being used to establish eligibility and asks the participant to verify correctness, and if not correct to provide updated information. ()

601. EXCEPTIONS TO ANNUAL RENEWAL.

A participant who receives Title XIX or Title XXI through time-limited coverage does not require an annual renewal when the following exists. ()

01. Extended Medicaid. A participant who receives extended Medicaid is eligible ~~as provided in~~ under Section 420 of these rules. (3-17-22)()

02. Pregnant Woman. ~~A participant who receives Medicaid as a Low Income Pregnant Woman is eligible as provided in Section 500 of these rules. A pregnant woman of any age is eligible for the Pregnant Woman coverage if she meets all the non-financial and financial criteria of the coverage group. Health care assistance for Pregnant Woman coverage is limited to pregnancy-related and postpartum services. The Pregnant Woman medical assistance coverage extends through the sixty (60) day postpartum period if she applied for medical assistance while pregnant and was receiving medical assistance when the child was born. An individual who applies for Pregnant Woman medical assistance after the child is born is not eligible for the sixty-day (60) postpartum period.~~ (3-17-22)()

03. Newborn Child of Medicaid-Eligible Mother. A participant receiving Medicaid as the newborn child of a Medicaid-eligible mother is eligible ~~as provided in~~ under Section 530 of these rules. (3-17-22)()

602. -- 609. (RESERVED)

610. REPORTING REQUIREMENTS.

Changes in family circumstances must be reported to the Department by the tenth of the month following the month in which the change occurred. Report of changes may be made verbally, in writing, through personal contact, telephone, fax, electronic mail, or mail. ()

611. TYPES OF CHANGES THAT MUST BE REPORTED.

Changes in circumstances the participant must report are the following: ()

01. Name or Address. A name change for any participant ~~must be reported.~~ A or a change of address or location ~~must be reported.~~ (3-17-22)()

02. Household Composition. Changes in family composition ~~must be reported~~ if a parent or relative caretaker receives Medicaid. (3-17-22)()

03. Marital Status. Marriages or divorces of any family member ~~must be reported~~ if a parent or

relative caretaker receives Medicaid. (3-17-22)()

04. New ~~Social Security Number SSN~~. A Social Security Number (SSN) that is newly assigned to a Medicaid Health Care Assistance program participant ~~must be reported~~. (3-17-22)()

05. Health Insurance Coverage. Enrollment or disenrollment of a participant in a health insurance plan ~~must be reported~~. (3-17-22)()

06. End of Pregnancy. Pregnant participants must report when pregnancy ends. ()

07. Earned Income. Changes in the amount or source of earned income ~~must be reported~~ if a parent or relative caretaker receives Title XIX benefits. (3-17-22)()

08. Unearned Income. Changes in the amount or source of unearned income ~~must be reported~~ if a parent or relative caretaker receives Title XIX benefits. (3-17-22)()

09. Support Income. Changes in the amount of spousal support received by an adult household member. ()

10. Disability. A family member who becomes disabled or is no longer disabled ~~must be reported~~ if a parent or relative caretaker receives Title XIX benefits. (3-17-22)()

612. -- 619. (RESERVED)

620. NOTICE OF CHANGES IN ELIGIBILITY.

The Department will notify the participant of changes in ~~his~~ their Health Care Assistance. The notice must give the effective date, the reason for the action, the rule that supports the action, and appeal rights. (3-17-22)()

621. NOTICE OF CHANGE OF PLAN.

The Department ~~is allowed to can~~ switch a participant from the Medicaid Basic Plan to the Medicaid Enhanced pPlan within the same month. Advance notice must be given to the participant when there is a decrease in their benefits and ~~he they~~ will be switched from the eEnhanced pPlan to the bBasic pPlan. (3-17-22)()

622. ADVANCE NOTICE RESPONSIBILITY.

The Department must notify the participant at least ten (10) calendar days before the effective date ~~of~~ when a reported change results in Health Care Assistance closure. ~~The effective date must allow for a five (5) day mailing period for any notice.~~ (3-17-22)()

623. ADVANCE NOTICE NOT REQUIRED.

Advance notice is not required when a condition ~~listed in Subsections 623.01 through 623.08 of~~ under this rule exists. The participant ~~must will~~ be notified no later than the date of the action. (3-17-22)()

01. ~~Death of~~ The Department has Proof of the Participant's Death. The Department has proof of the participant's death. (3-17-22)()

02. The Participant Requests Closure in Writing. The participant requests closure in writing. (3-17-22)()

03. Participant in Institution. The participant is admitted or committed to an institution. Further payments to the participant do not qualify for federal financial participation under the sState pPlan. (3-17-22)()

04. Nursing Care. The participant is placed in a nursing facility or Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/IID). ()

05. The Participant's Address is Unknown. The participant's whereabouts are unknown. (3-17-22)()

06. The Participant is Approved for Medical Assistance in Another State. ~~A participant is approved for medical assistance in another state.~~ (3-17-22)()

07. Eligible One Month. The participant is eligible for aid only during the calendar month of ~~his~~ their application for aid. (3-17-22)()

08. Retroactive Medicaid. The participant's Title XIX or Title XXI eligibility is for a prior period. ()

624. -- 699. (RESERVED)

700. OVERPAYMENTS.

Health Care Assistance overpayments occur when a participant receives benefits during a month ~~he was~~ they were not eligible. (3-17-22)()

701. RECOVERY OF OVERPAYMENTS.

All Health Care Assistance overpayments are subject to recovery. Overpayments are recovered by direct payment from the participant. ()

01. Notice of Overpayment. The participant must be informed of the Health Care Assistance overpayment and appeal rights. ()

02. Notice of Recovery. The participant must be informed when ~~his~~ their Health Care Assistance overpayment is fully recovered. (3-17-22)()

702. -- 999. (RESERVED)

IDAPA 16 – DEPARTMENT OF HEALTH AND WELFARE

16.03.02 – SKILLED NURSING FACILITIES

DOCKET NO. 16-0302-2301 (ZBR CHAPTER REWRITE)

NOTICE OF RULEMAKING – PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 39-1303a, 39-1306, 39-1307, 39-1307A, and 39-1307B, Idaho Code.

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

VIRTUAL TELECONFERENCE Via WebEx
Thursday, September 14, 2023 11:00 a.m. - 12:00 a.m. (MT)
Join from the meeting link https://idhw.webex.com/idhw/j.php?MTID=m102d0ec5970f1519d63b19ebf0ca56fd
Join by meeting number Meeting number (access code): 2763 693 1417 Meeting password: ErJ9Gudc7n7 (37594832 from phones and video systems)
Join by phone +1-415-527-5035 United States Toll +1-303-498-7536 United States Toll (Denver)

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. Meeting(s) will conclude after 30 minutes if no participants sign in or wish to comment in the meeting.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

Under [Executive Order 2020-01: Zero-Based Regulation](#), the Department is striving to prevent the accumulation of costly, ineffective, and outdated regulations and reduce regulatory burden to achieve a more efficient operation of government. The rule changes are intended to perform a comprehensive review of this chapter by collaborating with the public to streamline or simplify this rule language.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased:

This chapter contains no fees or charges.

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

This rulemaking is not anticipated to have any fiscal impact on the State General Fund, or any other known funds.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules - Negotiated Rulemaking was published in the May 3, 2023, Idaho Administrative Bulletin, [Volume 23-5, pages 148 through 149](#).

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule:

This chapter of rule contains changes to the incorporation by reference materials by adding the following due to the size of these documents and to assure they have the force and effect of law.

- Title 42, Chapter IV, Subchapter G, and Part 483, Public Health, Centers for Medicare & Medicaid Services, Department of Health and Human Services, Standards and Certification, Requirements for States and Long Term Care Facilities.
- Guidelines for Design and Construction of Residential Health, Care, and Support Facilities. Facility Guidelines Institute.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Nate Elkins, 208-334-6626, option #5.

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 September 27, 2023.

DATED this 4th day of August, 2023.

Trinette Middlebrook and Frank Powell
DHW - Administrative Rules Unit
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5500 phone; (208) 334-6558 fax
dhwrules@dhw.idaho.gov email

THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 16-0302-2301
(ZBR Chapter Rewrite)

16.03.02 – SKILLED NURSING FACILITIES

000. LEGAL AUTHORITY.

~~The Idaho Legislature has delegated to the Board of Health and Welfare the responsibility to establish and enforce rules to promote safe and adequate treatment of individuals within a Skilled Nursing Facility under Sections [39-1303a](#), 39-1306, 39-1307, 39-1307A, and 39-1307B, Idaho Code, [authorize the Board to establish and enforce rules to promote safe and adequate treatment of individuals in Skilled Nursing Facilities.](#) [\(3-17-22\)\(\)](#)~~

001. TITLE AND SCOPE.

~~**01. Title.** These rules are titled, IDAPA 16, Title 03, Chapter 02, “Skilled Nursing Facilities.” [\(3-17-22\)](#)~~

~~02. Scope. These rules establish regulations and standards for the provision of adequate care and licensure of Skilled Nursing Facilities in the state of Idaho. These rules are expressly intended for the benefit of all skilled nursing residents. To this end, the Idaho State Board of Health and Welfare may issue variances to these rules under standards and procedures established by the Board. (3-17-22)~~

0021. WRITTEN INTERPRETATIONS.

This agency may have written statements that pertain to the interpretations of these rules of this chapter. (3-17-22)()

002. INCORPORATION BY REFERENCE.

The following are incorporated by reference as provided by Section 67-5229(a), Idaho Code, and are available for public review upon request at the Department, 450 W. State Street, Boise, Idaho, 83702 or online for review or purchase as noted below. ()

01. Title 42, Chapter IV, Subchapter G, Part 483. Public Health, Centers for Medicare & Medicaid Services, Department of Health and Human Services, Standards and Certification, Requirements for States and Long Term Care Facilities. August 1, 1989. Online at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483?toc=1>. ()

02. Guidelines for Design and Construction of Residential Health, Care, and Support Facilities. Facility Guidelines Institute. 2022 Edition, Specific Requirements for Nursing Homes. Available for purchase online at <https://shop.fgiguideelines.org/>. ()

003. – 008. (RESERVED)

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

~~01. Criminal History and Background Check.~~ A skilled nursing facility (SNF) must complete a criminal history and background check and receive a clearance on employees, volunteers, and contractors hired, recruited, or contracted with after October 1, 2007, who have direct patient access to residents in the skilled nursing facility SNF. A Department check conducted under IDAPA 16.05.06, “Criminal History and Background Checks,” satisfies this requirement. Other criminal history and background checks may be accepted provided they meet the criteria in Subsection 009.02 of this rule and the entity conducting the check issues written findings. The entity must provide a copy of these written findings to both the facility and the employee. The following individuals must receive a background check clearance: (3-17-22)()

- a. Owners and Corporate Leaders; ()
- b. Administrators and Designees; ()
- c. Director of Nursing Services (DNS); ()
- d. Certified Nursing Assistants (CNA); ()
- e. Maintenance Director and Maintenance Personnel; ()
- f. Registered Nurses (RN); ()
- g. Licensed Practical Nurses (LPN); ()
- h. Environmental Services Personnel; ()
- i. Activity Director and Activity Assistants; ()
- j. Contracted staffing accruing at least twelve (12) hours weekly with direct patient contact; ()
- k. Volunteers utilized or credentialed by the facility with direct patient contact; ()

- l. Nursing Assistants; ()
- m. Hospitality Aides; ()
- n. Social Services Personnel; ()
- o. Business Office Personnel; ()
- p. Therapy Services Personnel; ()
- q. Registered Dietitians; ()
- r. Dietary Manager and Dietary Personnel; ()
- s. Laundry Service Personnel; ()
- t. Unlicensed Assistive Personnel (UAP); ()

02. Scope of ~~a Criminal History and~~ Background Check. The ~~criminal history and~~ background check must, ~~at a minimum,~~ be a fingerprint-based criminal history and background check that ~~includes~~ may include a search ~~of from~~ the following ~~record sources:~~ (3-17-22)()

- a. Federal Bureau of Investigation (FBI); ()
- b. Idaho State Police Bureau of Criminal Identification; ()
- c. Any State Sexual Offender Registry; (3-17-22)()
- d. Any state or federal Child Protection Registry; ()
- e. Any state or federal Adult Protection Registry. ()
- df. Office of Inspector General List of Excluded Individuals and Entities; ~~and~~ (3-17-22)()
- g. Idaho Department of Transportation Driving Records; ()
- eh. Nurse Aide Registry; ~~and~~ (3-17-22)()
- i. Records and findings from other states and jurisdictions. ()

03. Availability to Work. Any direct resident access individual hired, retired or contracted with, on or after October 1, 2007, must self-disclose all arrests and convictions before having access to residents. The individual is ~~allowed to can~~ only work under supervision until the ~~criminal history and~~ background check is completed and a clearance received. If a disqualifying crime ~~as described in~~ under IDAPA 16.05.06, "Criminal History and Background Checks," is disclosed, the individual cannot have access to any resident. (3-17-22)()

04. Submission of Fingerprints. The individual's fingerprints must be submitted to the entity conducting the ~~criminal history and~~ background check within twenty-one (21) days of their date of hire, contract, or recruitment. (3-17-22)()

05. New ~~Criminal History and~~ Background Check. An individual must have a ~~criminal history and~~ background check and clearance when: (3-17-22)()

- a. Accepting employment, a contract, or a position with a new employer; and (3-17-22)()
- b. Their last ~~criminal history and~~ background check was completed more than three (3) years prior to

their date of hire, contract, or recruitment. (3-17-22)()

06. Use of ~~Criminal History~~ Background Check Within Three Years of Completion. Any employer may use a previous criminal history and background check obtained under these rules if: (3-17-22)()

a. The individual has received a ~~criminal history and~~ background check with clearance within three (3) years ~~of preceding~~ their date of hire, contract, or recruitment; (3-17-22)()

b. The employer has documentation of the ~~criminal history and~~ background check findings; (3-17-22)()

c. The employer completes a state-only background check of the individual through the Idaho State Police Bureau of Criminal Identification; and ()

d. No disqualifying crimes are found. ()

07. Employer Discretion. The new employer, at its discretion, may require an individual to complete a ~~criminal history and~~ background check at any time, even if the individual has received a ~~criminal history and~~ background check within the three (3) years ~~of preceding~~ their date of hire, contract, or recruitment. (3-17-22)()

010. DEFINITIONS.

~~For the purposes of these rules the following terms are used, as defined herein:~~ (3-17-22)

01. Administrator. The person delegated the responsibility for management of a facility by the legal owner, employed as a full-time administrator in each facility, and licensed by the ~~s~~State of Idaho. The administrator and legal owner may be the same individual. (3-17-22)()

02. Advanced Practice Registered Nurse. ~~An licensed registered nurse~~ RN having specialized skills, knowledge and experience who is authorized under the Idaho Board of Nursing rules to provide certain health services in addition to those performed by ~~licensed~~ registered nurses (R-N-). (3-17-22)()

03. Board. The Idaho ~~State~~ Board of Health and Welfare. (3-17-22)()

04. Change of Ownership. The sale, purchase, exchange, or lease of an existing facility by the present owner or operator to a new owner or operator. ()

05. Charge Nurse. One (1) or more licensed nurse(s) who has direct responsibility for nursing services in an operating unit or physical subdivision of a facility during one (1) eight (8)-hour shift, to be provided by ~~herself~~ themselves and by any other licensed nurse or auxiliary personnel under ~~her~~ their immediate charge. (3-17-22)()

06. Department. The Idaho Department of Health and Welfare or its designee. (3-17-22)()

~~07. Director.~~ ~~The Director of the Department of Health and Welfare or designee.~~ (3-17-22)

~~08. Director of Nursing Services (DNS).~~ ~~An licensed registered nurse~~ RN currently licensed ~~by the~~ in Idaho and qualified by training and experience. (3-17-22)()

~~09. Existing Facility.~~ A nursing home currently licensed. ()

09. Governing Body. Individuals such as facility owner(s), chief executive officer(s), or other individuals who are legally responsible to establish and implement policies regarding the management and operations of the facility. ()

10. Governmental Unit. The ~~s~~State of Idaho, any county, municipality, or other political subdivision, or any department, division, board, or other agency thereof. (3-17-22)()

11. **Hospital Licensing Act.** The ~~a~~Act set out in ~~under~~ Sections 39-1301 through 39-1314, Idaho Code. (3-17-22)()
- ~~12. **Licensee.** The person or organization to whom a license is issued. (3-17-22)~~
- ~~13. **Licensing Agency.** The Department of Health and Welfare. (3-17-22)~~
- ~~14. **Licensed Nursing Personnel.** An licensed registered nurse (R.N.) or licensed practical nurse (L.P.N.) currently licensed ~~by the~~ in Idaho ~~State Board of Nursing.~~ (3-17-22)()~~
- ~~15. **New Construction.** ()~~
- ~~a. New buildings to be used as a facility. ()~~
- ~~b. Additions to existing buildings and/or added bed capacity. ()~~
- ~~c. Conversion of existing buildings or portions thereof for use as a facility. ()~~
- ~~d. Unlicensed buildings seeking licensing, federal certification, or both. ()~~
- ~~16. **Person.** Any individual, firm, partnership, corporation, company, association, joint stock association, governmental unit, or legal successor thereof. ()~~
- ~~17. **Pharmacist.** Any person licensed ~~by the Idaho Board of Pharmacy~~ as a licensed pharmacist in Idaho. (3-17-22)()~~
- ~~18. **Physician.** Any person ~~who holds a~~ licensed ~~issued~~ by the ~~State Idaho~~ Board of Medicine to practice medicine and surgery, osteopathic medicine and surgery, or osteopathic medicine, provided further, that others authorized by law to practice any of the healing arts will not be considered physicians (Section 54-1803(3), Idaho Code). (3-17-22)()~~
- ~~19. **Resident.** An individual requiring and receiving skilled nursing care and residing in a facility licensed to provide the level of care required. ()~~
- ~~20. **Skilled Nursing Facility (SNF).** A facility designed to provide area, space, and equipment to meet the health needs of two (2) or more individuals who, ~~at a minimum,~~ require inpatient care and services for twenty-four (24) or more consecutive hours for unstable chronic health problems requiring daily professional nursing supervision and licensed nursing care on a twenty-four (24) hour basis, restorative, rehabilitative care and assistance in meeting daily living needs. Medical supervision is necessary on a regular, but not daily, basis (Section 39-1301, Idaho Code). (3-17-22)()~~
- ~~21. **Substantial Compliance.** A facility is in substantial compliance with these rules, regulations, and minimum standards when there are no deficiencies that would endanger the health, safety, or welfare of the residents. (3-17-22)()~~
- ~~22. **Supervising Nurse.** The ~~one (1) licensed nurse designated by the DNS to be responsible for the overall direction and control of all nursing services throughout the entire facility during one (1) eight (8) hour shift.~~ (3-17-22)~~
- ~~20. **Unlicensed Assistive Personnel (UAP).** This term designates unlicensed personnel employed to perform nursing care services under the direction and supervision of licensed nurses. The term also includes licensed or credentialed health care workers whose job responsibilities extend to health care services beyond usual and customary roles and which activities are provided under the direction and supervision of licensed nurses. UAPs are prohibited from performing any licensed nurse functions under Section 54-1402, Idaho Code. UAPs may not be delegated procedures involving acts that require nursing assessment or diagnosis, establishment of a plan of care or teaching, the exercise of nursing judgment, or procedures requiring specialized nursing knowledge, skills, or techniques. ()~~

231. Waiver or Variance. ~~A waiver or variance to these rules and minimum standards in whole or in part that may~~ May be granted under the following conditions: (3-17-22)()

a. Good cause is shown for such waiver and the health, welfare, or safety of residents will not be endangered by granting such a waiver; (3-17-22)()

b. Precedent will not be set by granting of such waiver. The waiver may be renewed annually if sufficient written justification is presented to the ~~Licensing Agency~~ Department. (3-17-22)()

011. – 049. (RESERVED)

050. LICENSURE.

01. General Requirements. Before any person either directly or indirectly operates a facility, they must make an application for and receive a valid license for operation of the facility, and no resident must be admitted or cared for in a facility that is required under Idaho law to be licensed, until a license is obtained. ()

a. The facility and all related buildings associated with the operation of the facility, as well as all records required under these rules, must always be accessible ~~at any reasonable time~~ to authorized representatives of the Department for the purpose of inspection, with or without prior notice. (3-17-22)()

b. Before any building is constructed or altered for use as a facility, written approval of construction or alteration of plans must be obtained from the Department. ()

c. Information received by the ~~licensing agency~~ Department through filed reports, inspection, or as otherwise authorized under this law, must not be disclosed publicly in such a manner as to identify individual residents except in a proceeding involving the question of licensure. Public disclosure of information obtained by the ~~licensing agency~~ Department for the purposes of this law must be governed by these rules, ~~regulations, and minimum standards adopted by the Board~~. (3-17-22)()

02. Application for an Initial License. ~~In addition to obtaining prior approval of plans for construction or alterations, all~~ All persons planning the operation of a facility must provide a Department-approved application for an initial facility license at least three (3) months prior to the planned opening date with the following: (3-17-22)()

a. Evidence of a request for a determination of applicability for Section 1122 (Social Security Act) regulatory review. ()

b. A copy of the nursing home administrator's license ~~with the application~~. (3-17-22)()

c. A certificate of occupancy from the local building and fire authority. ()

03. Issuance of License. Every facility must be designated by a distinctive name in applying for a license, and the name must not be changed without first notifying the Department in writing at least thirty (30) days prior to the date the proposed ~~change in~~ name change is to be effective. (3-17-22)()

a. Each license will be issued only for the premises and persons ~~or governmental units~~ named in the application and will not be transferable. (3-17-22)()

b. Each license will specify the maximum allowable number of beds in each facility, which may not be exceeded, except when authorized by the Department on a time-limited emergency basis, ~~and authorized by the Department~~. (3-17-22)()

c. The facility license must be framed and posted ~~so as~~ to be visible to the general public. (3-17-22)()

04. Expiration and Renewal of License. Each license to operate a facility must, unless sooner suspended or revoked, expire on the date designated on the license. Each application for renewal of a license must be submitted on a Department-prescribed form ~~prescribed by the Department~~ and prior to the renewal expiration date of the current license. (3-17-22)()

05. Denial or Revocation of License. The ~~Director~~ Department may deny the issuance of a license or revoke any license when persuaded by a preponderance of the evidence that ~~such~~ conditions exist ~~as to that~~ endanger the health or safety of any resident, or that the facility is not in substantial compliance with these rules ~~and minimum standards~~. (3-17-22)()

a. Additional causes for denial of a license ~~may include the following~~: (3-17-22)()

i. The applicant has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a license. ()

ii. The applicant of the person proposed as the administrator has been guilty of fraud, gross negligence, abuse, assault, battery, or exploitation in relationship to the operation of a health facility. ()

iii. The applicant or the person proposed as the administrator of the facility: ()

(1) Has been denied or has had revoked any health facility license; ~~or~~ (3-17-22)()

(2) Has been convicted of operating any health facility without a license; or ()

(3) Has been ~~enjoined~~ prohibited from operating a health facility; ~~or~~ shelter home. (3-17-22)()

(4) Is directly under the control or influence of any person who has been the subject of any proceeding, or the actor in any circumstance, described in Subsection 050.05 of this rule. ()

b. Additional causes for revocation of license: (3-17-22)()

i. Any act adversely affecting the welfare of residents is being permitted, aided, performed, or abetted by the person ~~or persons(s)~~ in charge of the facility. ~~Such acts may~~ Acts include, but are not limited to, neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights, or exploitation. (3-17-22)()

ii. Any condition exists in the facility that endangers the health or safety of any resident. ()

iii. The licensee has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a license. ()

iv. The ~~applicant~~ licensee or administrator has demonstrated lack of sound judgment in the operation or management of the ~~skilled nursing facility~~ SNF. (3-17-22)()

~~v. The facility lacks adequate staff to properly care for the number and type of residents residing at the facility.~~ (3-17-22)

vi. The ~~applicant~~ licensee or administrator of the facility: (3-17-22)()

(1) Has been denied or has had revoked any health facility license; ~~or~~ (3-17-22)()

(2) Has been convicted of operating any health facility without a license; ~~or~~ (3-17-22)()

(3) Has been ~~enjoined~~ prohibited from operating a health facility or shelter home; or (3-17-22)()

(4) Is directly under the control or influence of any person who has been the subject ~~to the~~ of any proceedings, or the actor in any circumstance, described in Subsection 050.05 of this rule. (3-17-22)()

06. Change of Facility Ownership, Operator, or Lessee. When a change of a licensed facility's ownership, operator, or lessee is contemplated, the owner/operator must notify the Department and provide a new application at least thirty (30) days prior to the proposed date of change and new application submitted when there is a change of operator, ownership, or lessee. (3-17-22)()

07. Penalty for Operating a Facility or Agency Without a License. Any person establishing, conducting, managing, or operating any facility or agency as defined, without a license, under Sections 39-1301 through 39-1314, Idaho Code, is guilty of a misdemeanor punishable by imprisonment in a county jail for a period of time not exceeding six (6) months, or by a fine not exceeding three hundred dollars (\$300), or by both, such fine and imprisonment, and each Each day of continuing violation constitutes a separate offense. In the event that If the county prosecuting attorney in the county where the alleged violation occurred fails or refuses to act within sixty (60) days of notification of the violation, the attorney general is authorized to prosecute any violations (under Section 39-1312, Idaho Code). (3-17-22)()

051. -- 099. (RESERVED)

100. ADMINISTRATION.

01. Governing Body. Each facility must be organized and administered under one (1) authority which may be a proprietorship, partnership, association, corporation, or governmental unit. The following requirements must be met: (3-17-22)()

a. That The true name and current address for each person or business entity having a five percent (5%) or more direct, or indirect, ownership interest in the facility is supplied to the Department at the time of licensure application or preceding any change in ownership. (3-17-22)()

b. That The names, addresses, and titles of offices held by all members of the facility's governing authority are submitted to the Department. (3-17-22)()

c. That A copy of the lease (if a building or buildings are leased to a person or persons(s) to operate as a facility) showing clearly in the context which party to the agreement is to be held responsible for the maintenance and upkeep of the property to meet minimum standards is available for review by the Department. Terms of the financial arrangement may be omitted from the copy of the lease available to the Department. (3-17-22)()

02. Administrator. The governing body, owner, or partnership must appoint an Idaho-licensed nursing home administrator for each facility who is responsible and accountable for carrying out the policies determined by the governing body. In combined hospital and nursing home facilities, the administrator may serve both the hospital and nursing home provided they are currently licensed as a nursing home administrator. The following requirements must be met: (3-17-22)()

a. Each facility must employ an administrator on a full-time basis for day-to-day operations. ()

ab. In the absence of the administrator's absence, an individual who is responsible and accountable, and at least twenty-one (21) years of age is to be authorized, in writing, to act in their behalf to assure administrative direction of the facility. (3-17-22)()

bc. The administrator is responsible for establishing and assuring the implementation of written policies and procedures for each service offered by the facility; or through arrangements with an outside service. (3-17-22)()

ed. The administrator, their relatives, or employees, are not to act as, the legal guardian of, or have power of attorney for, any residents unless specifically adjudicated as such by appropriate legal order. (3-17-22)()

de. The administrator is to provide to the public and the resident an accurate description of the facility services and care. Representation of the facility's services to the public is not to be misleading. ()

~~e. The administrator is responsible for providing sufficient and qualified staff to carry out all of the basic services offered by the facility. (3-17-22)~~

~~f. The administrator, owner, and employees of a facility are governed by the provisions of under Section 15-2-616, Idaho Code, concerning the devise or bequest of a resident's property by a last will and testament. (3-17-22)()~~

~~g. The facility will notify the Department within seventy-two (72) hours when there is a change in the administrator because of resignation, transfer, personal/medical emergency, or redundancy. The notification will include the name, contact information, and Idaho license number of the new administrator. ()~~

03. Admission Policies. ~~The administrator facility must establish written admission policies for all resident admissions and be make a copy available to residents, their relatives, and to the general public. The following requirements must be met: (3-17-22)()~~

~~a. A history and physical examination is recorded within forty-eight (48) hours after admission to the facility, unless the resident is accompanied by a record of a physical examination completed by a physician not more than five (5) days prior to admission. (3-17-22)~~

~~b. Information upon admission includes the results of a tuberculosis skin test, chest x ray, medical and/or psycho-social diagnosis, physician's plan of care, the resident's activity limitation, and the rehabilitation potential, and are to be dated and signed by the physician. (3-17-22)~~

~~c. No children other than residents are to regularly occupy any portion of the resident living area. (3-17-22)~~

~~d. Reasonable precautions are taken in all admissions for the safety of other residents. (3-17-22)~~

~~e. Nothing in these rules and minimum standards should be construed as to require any facility to compel any person to undergo any medical screening, examination, diagnosis, or treatment or to accept any other health care or services provided under such plan for any purpose (other than for the purpose of discovering and preventing the spread of infection or other contagious disease or for the purpose of protecting environmental health), if such person objects (or, in case such person is a child, their parent or guardian objects), thereto on religious grounds. (3-17-22)~~

04. Use of Restraints. ~~The following types of restraints must not be used under any conditions: canvas jackets, canvas sheets, canvas cuffs, leather belts, leather cuffs, leather hand mitts or restraints requiring a lock and key. (3-17-22)~~

05. Record of Resident's Personal Valuables. ~~An inventory and proper accounting must be kept for all valuables entrusted to the facility for safekeeping and the status of the inventory is to be available to the resident, their conservator, guardian, or representative for review upon request. (3-17-22)~~

064. Accident or Injury. ~~The administrator facility must show evidence of written safety procedures for handling of residents, equipment lifting, and the use of equipment. The following requirements must be met: (3-17-22)~~

~~a. That an An incident-accident record needs to be kept of all incidents or accidents sustained by employees, residents, or visitors in the facility and that includes the following information: (3-17-22)()~~

~~ia. Name and address of employee, resident, or visitor; (3-17-22)()~~

~~ib. A factual description of the incident or accident; ()~~

~~ic. Description of the condition of the resident, employee, or visitor including any injuries resulting from the accident; and ()~~

- ~~iv~~**d.** Time and date of notification ~~of to~~ physician, if necessary. (3-17-22)()
- ~~b.~~ That the physician is immediately notified regarding any resident injury or accident when there are significant changes requiring intervention or assessment. (3-17-22)
- ~~e.~~ That immediate investigation of the cause of the incident or accident be instituted by the facility administrator and any corrective measures indicated adopted. (3-17-22)
- 101. -- 104. (RESERVED)**
- 105. PERSONNEL.**
- ~~01.~~ **Daily Work Schedules.** Daily work schedules must be maintained that reflect: (3-17-22)
- ~~a.~~ Personnel on duty at any given time for the previous three (3) months; (3-17-22)
- ~~b.~~ The first and last names of each employee, including professional designation (R.N., L.P.N., etc.) and position; and (3-17-22)
- ~~e.~~ Any adjustments made to the schedule. (3-17-22)
- ~~02~~**1.** **Job Description.** Job descriptions must Must be current, on file, and: (3-17-22)()
- ~~a.~~ Include the authority, responsibilities, and duties of each classification of personnel; and ()
- ~~b.~~ Be given to each employee consistent with their classification. ()
- ~~03~~**2.** **Age Limitations.** Employees, other than licensed personnel, who are less than eighteen (18) years of age old may not provide direct resident care except when employees are students or graduates of a recognized vocational health care training program. (3-17-22)()
- ~~04.~~ **Resident Employment.** Whenever work of economic benefit to the facility is performed by a resident, such work will be subject to the provisions prescribed by law for any employee. (3-17-22)
- ~~05.~~ **Employee Health.** Personnel policies relating to employee health must include: (3-17-22)
- ~~a.~~ That the facility establishes, upon hiring a new employee, the current status of a tuberculin skin test. The determination may be based upon a report of the skin test taken prior to employment or within thirty (30) days after employment. If the skin test is positive, either by history or current test, a chest X-ray is taken, or a report of the results of a chest X-ray taken within three (3) months preceding employment and accepted. The TB Skin Test status is recorded and a chest X-ray alone is not a substitute. No subsequent chest X-ray or skin test is required for routine surveillance. (3-17-22)
- ~~b.~~ That a repeat skin test is required if a resident or other staff develop tuberculosis. (3-17-22)
- ~~e.~~ That the facility requires all employees report immediately to their supervisor any signs or symptoms of personal illness. (3-17-22)
- ~~d.~~ That personnel who have a communicable disease, infectious wound, or other transmittable condition and who provide care or services to residents are required to implement protective infection control techniques approved by administration; are not to work until the infectious stage is corrected; are reassigned to a work area where contact with others is not expected and likelihood of transmission of infection is absent; or seeks other remedy to avoid spreading the employee's infection. (3-17-22)
- ~~06~~**3.** **Personnel Files.** Personnel files must Must be kept for each employee containing: (3-17-22)()
- ~~a.~~ Name, current address, and telephone number ~~of the employee~~; (3-17-22)()

- b. Social security number; ()
- c. Qualifications for the position for which the ~~employee is~~ are hired, including education and experience; (3-17-22)()
- d. If an Idaho license is required, verification of current active and unencumbered license; (3-17-22)()
- e. Position in facility; ()
- f. Date of employment; ()
- g. Date of termination and reason; and ()
- h. Verification of a negative TB ~~skin~~ test ~~upon employment and any subsequent test results~~. (3-17-22)()

106. FIRE AND LIFE SAFETY.

All facilities must be maintained, in good repair, structurally sound, equipped to assure safety of residents, employees the public and meet ~~general~~ requirements for the fire and life safety standards for a health care facility as follows: (3-17-22)()

01. General Requirements for Fire and Life Standards for a Health Care Facility. ~~General requirements for the fire and life safety standards for a health care facility are as follows:~~ Where natural or man-made hazards are present, the facility must provide suitable fences, guards, and/or railings to isolate the hazard from the resident's environment. (3-17-22)()

~~a. The facility must be structurally sound, maintained, and equipped to assure the safety of residents, employees, and the public.~~ (3-17-22)

~~b. Where natural or man made hazards are present on the premises, that the facility must provide suitable fences, guards, and/or railings to isolate the hazard from the resident's environment.~~ (3-17-22)

02. Life Safety Code Requirements. ~~The facility must meet provisions of the Life Safety Code of the National Fire Protection Association, 2012 Edition as are applicable to a health care facility except existing facilities licensed prior to the effective date of these rules and in compliance with a previous edition of the Life Safety Code may continue to comply with the edition in force at that time.~~ (3-17-22)

032. Smoking. Because smoking has been acknowledged to be a potential fire hazard, a continuous effort must be made to reduce ~~such a~~ this hazard in the facility to include adopting written rules available to all facility personnel, residents, and the public with the following: (3-17-22)()

a. ~~That s~~Smoking is prohibited in any area where flammable liquids, gases, or oxygen are in use or stored and any other areas posted with "No Smoking" signs. (3-17-22)()

b. ~~That r~~Residents are not permitted to smoke in bed. (3-17-22)()

c. ~~That u~~Unsupervised smoking by residents not mentally or physically responsible is prohibited. This includes residents affected by medication. (3-17-22)()

d. ~~That d~~Designated areas are assigned for employee, resident, and public smoking. (3-17-22)()

e. Nothing in ~~Section 106~~ this rule requires that smoking be permitted in facilities whose admission policies prohibit smoking. (3-17-22)()

043. Report of Fire. A separate report of each fire incident occurring within the facility must be

submitted to the ~~licensing agency~~ Department within thirty (30) days of the occurrence. The reporting form "Facility Fire Incident Report" will be issued by the ~~licensing agency~~ Department to secure specific data concerning date, origin, extent of damage, method of extinguishment, and injuries (if any). (3-17-22)()

054. Storage, Heating Appliances, Hazardous Substances. The following requirements must be met: ()

a. ~~That a~~Attics and crawl spaces are not used for storage of any materials. (3-17-22)()

b. ~~That r~~Rooms housing heating appliances are not used for storage of combustible materials. (3-17-22)()

~~e. That all fuel-fired heating devices have an easily accessible, plainly marked, functional remote fuel shut-off valve.~~ (3-17-22)

~~d. That all ranges are provided with hoods, mechanical ventilation, and removable filters.~~ (3-17-22)

107. DIETARY SERVICE.

The following requirements must be met: (3-17-22)

~~01. Approved Diet Manual.~~ A current diet manual approved by the Department and available in the kitchen (the Idaho Diet Manual is approved by the Department). (3-17-22)

~~02. Preparation and Correction of Menus.~~ That menus are prepared at least a week in advance and corrected to conform with food actually served (items not served deleted and food actually served written in.) The corrected copy of the menu and diet plan is to be dated and kept on file for thirty (30) days. (3-17-22)

~~03. Variety and Adequacy of Food.~~ That menus provide a sufficient variety of foods in adequate amounts at each meal. Menus are to be different for the same days each week and adjusted for seasonal changes. (3-17-22)

107. (RESERVED)

108. ENVIRONMENTAL SANITATION WATER SUPPLY.

The following requirements must be met: (3-17-22)()

~~01. Water Supply.~~ An approved public or municipal water supply must be used wherever available. ~~An approved public or municipal water supply must be used wherever available.~~ (3-17-22)()

02. Private Water Supply. ()

a. In areas where an approved public or municipal water supply is not available, a private water supply is provided, and meets the standards approved by the Department. ()

b. If water is from a private supply, water samples are submitted to the Department through the district public health laboratory for bacteriological examination at least once every three (3) months. ~~Monthly bacteriological examinations are recommended.~~ Copies of the laboratory reports are kept on file in the facility by the administrator. (3-17-22)()

~~e03. Sufficient Supply of Water.~~ There is Always provide sufficient amount of water under adequate pressure to meet the sanitary requirements of the facility ~~at all times.~~ (3-17-22)()

~~02. Linen Laundry Facilities.~~ Personal Laundry. Residents' and employees' laundry must be collected, transported, sorted, washed, and dried in a sanitary manner and not be washed with bed linens. ~~Residents' clothing is to be labeled to ensure proper return to the owner.~~ (3-17-22)

109. -- 119. (RESERVED)

120. EXISTING BUILDINGS CONSTRUCTION STANDARDS.

~~These standards must be applied to all currently licensed health care facilities. Any minor alterations, repairs, and maintenance must meet these standards.~~ All existing buildings must meet the requirements in this rule, and also the standards, guidelines, and requirements contained in the sources incorporated by reference in Section 002 of these rules. In the event of a change in ownership of a facility, the ~~entire~~ facility must meet ~~these standards~~ all requirements prior to issuance of a new license. (3-17-22)()

~~01. Codes and Standards.~~ Construction features of all existing facilities must be in accordance with applicable local, state, national codes, standards, and regulations in effect at the time of adoption of these rules. (3-17-22)

~~a. In the event of a conflict of requirement between the codes, the most restrictive apply. (3-17-22)~~

~~b. In addition, existing facilities are to comply with applicable fire and life safety codes and standards as set forth in Section 106. (3-17-22)~~

~~021. Site Requirements.~~ The location of an existing facility must ~~meet the following criteria be:~~ (3-17-22)()

~~a. It must be s~~Served by an all-weather road, always kept open and accessible to motor vehicles ~~at all times of the year.~~ (3-17-22)()

~~b. It must be accessible to physician and medical services. (3-17-22)~~

~~e. It must be remote from railroads, factories, airports and similar noise, odor, smoke, dust and other nuisances. (3-17-22)~~

~~db. It must be~~A accessible to public utilities. (3-17-22)()

~~ec. It must be i~~In a lawfully constituted fire district. (3-17-22)()

~~fd. It must provide~~Providing off-street motor vehicle parking at the rate of one (1) space for every three (3) licensed beds. (3-17-22)()

~~032. General Building Requirements.~~ An existing facility must be of such character to be suitable for use as a facility. The facility is subject to approval by the Department. Other requirements are ~~as follows below:~~ (3-17-22)()

~~a. That the building and all equipment are in good repair. (3-17-22)~~

~~b. That handrails of sturdy construction are provided on both sides of all corridors used by residents. (3-17-22)~~

~~ea. That n~~No facility is maintained in an apartment house or other multiple dwelling. (3-17-22)()

~~db. That r~~Roomers or boarders are not accepted for lodging in any facility. (3-17-22)()

~~04. Resident/Staff Communication.~~ Requirements governing communication must be as follows: (3-17-22)

~~ac. That e~~Each building has a telephone for resident use so located as to provide wheelchair access for personal, private telephone communications. A telephone with amplifying equipment is available for the hearing impaired. (3-17-22)()

~~bd. That a~~A staff calling system is installed at each resident bed and in each resident toilet, bath, and shower room. The staff call in the toilet, bath, or shower room must be an emergency call. All calls are to register at

the staff station and actuate a visible signal in the corridor at the resident's door. The activating mechanism within the resident's sleeping room is to be located as readily accessible to the resident at all times. (3-17-22)()

053. Resident Accommodations. ~~Accommodations for the residents of the facility must include the following:~~ (3-17-22)()

~~a. That each resident room is an outside room. (3-17-22)()~~

~~b. That not more than four (4) residents can be housed in any multi-bed sleeping room. (3-17-22)~~

~~eb. That every resident sleeping room is provided with a window as follows: (3-17-22)()~~

i. Equal to at least one-eighth (1/8) of the floor area. ()

ii. ~~Openable~~ Operable to obtain fresh air. (3-17-22)()

iii. Provided with curtains, drapes, or shades. ()

iv. Located to permit the resident a view from a sitting position. ()

v. Has screens. ()

~~dc. No resident room can be located: ()~~

~~i. In such a way that its outside walls are below grade. (3-17-22)~~

~~ii. In an attic, trailer house or in any room other than an approved room. (3-17-22)~~

~~iii. So it can be reached only by passing through another individual's room, a utility room, or any other room. ()~~

~~iv. So it opens into any room in which food is prepared or stored. ()~~

~~e. That resident rooms are a sufficient size to allow no less than eighty (80) square feet of usable floor space per resident in multiple bed rooms. Private rooms will have no less than one hundred (100) square feet of usable floor space. (3-17-22)~~

~~fd. That resident beds are not placed in hallways or in any location commonly used for other than bedroom purposes. (3-17-22)()~~

~~g. That rooms have dimensions that allow no less than three (3) feet between beds and two (2) feet of space between the bed and side wall. (3-17-22)~~

~~he. That ceiling heights in resident rooms are a minimum of seven (7) feet, six (6) inches. (3-17-22)()~~

~~i. That closet space in each sleeping room is twenty (20) inches by twenty two (22) inches per resident. Common closets utilized by two (2) or more residents are provided with substantial dividers for separation of each resident's clothing for prevention of cross contamination. All closets are equipped with doors. Freestanding closets will be deducted from the square footage in the sleeping room. (3-17-22)~~

~~j. That every health care facility provides a living room or recreation room for the sole use of the residents. Under no circumstances may these rooms be used as bedrooms by residents or personnel. A hall or entry is not acceptable as a living room or recreation room. (3-17-22)~~

~~kf. That all resident rooms are numbered and all other rooms numbered or identified as to purpose. (3-17-22)()~~

~~l.~~ That a drinking fountain is connected to cold running water, is accessible to both wheelchair and non-wheelchair residents, and located in each nursing or staff unit. (3-17-22)

~~m.~~ That residents of the opposite sex are not housed in the same bedroom or ward, except in cases of husband and wife. (3-17-22)

~~ng.~~ That ~~g~~Gardens, yards, or portions of yards are secure for outdoor use by all residents and bounded by a substantial enclosure if intended for unsupervised use by residents who may wander away from the facility. (3-17-22)()

~~oh.~~ That ~~t~~Toilet rooms, tub/shower rooms, and handwashing facilities are constructed as follows: (3-17-22)()

i. Toilet rooms and bathrooms for residents and personnel are not to open directly into any room in which food, drink, or utensils are handled or stored. ()

ii. Toilet and bathroom are separated from all other rooms by solid walls or partitions. ()

iii. On floors where wheelchair residents are housed, there is at least one (1) toilet and one (1) bathing facility large enough to accommodate wheelchairs. ()

iv. All inside bathrooms and toilet rooms have forced ventilation to the outside. ()

v. Toilet rooms ~~for resident use are arranged that it is not necessary for~~ are situated such that an individual ~~to~~ need not pass through or into another resident's room to reach the toilet facilities. (3-17-22)()

vi. Handrails and/or grab bars are provided in resident toilet rooms and bathrooms and are located ~~so~~ as to be functionally adequate. (3-17-22)()

vii. Each resident floor or nursing unit has at least one (1) tub or shower for every twelve (12) licensed beds; one (1) toilet for every eight (8) licensed beds; and one (1) lavatory with mirror for every eight (8) licensed beds. Tubs, showers, and lavatories are connected to hot and cold running water. ()

064. Dining, Recreation Facilities, and Activity Areas. ~~Facilities must provide one (1) or more attractively furnished, multipurpose areas for dining/recreation purposes that meets the following requirements: The location of these areas must encourage residents, participants, and visitor use. The space needed for dining, recreation, and activities must meet the needs of the residents and have adequate space for adaptive equipment and mobility aids.~~ (3-17-22)()

~~a.~~ A minimum of twenty five (25) square feet per licensed bed is to be provided. Any facility not in compliance on the effective date of this rule will not be required to comply until the number of licensed beds is increased or until there is a change of ownership of the facility. Provided, however, that a facility not in compliance may not reduce the number of licensed beds and reduce its present dining/recreation space until at least twenty five (25) square feet per licensed bed is provided. (3-17-22)

~~b.~~ It is for the sole use of the residents, and a hall or entry is not acceptable. (3-17-22)

075. Isolation Units (Temporary). Each ~~health care~~ facility must have available a room with private toilet, lavatory, and other accessory facilities for temporary isolation of a resident with a communicable or infectious disease. (3-17-22)()

086. Utility Areas and Clean and Soiled Areas. A ~~utility~~ room with a separate entrance and physically partitioned from any ~~facility for~~ toilet, ~~and/or~~ bathing, ~~or both,~~ ~~facility~~ must be provided for the preparation, cleansing, sterilization, and storing of nursing supplies and equipment. A ~~utility~~ room must be provided on each floor in each nursing or staff unit of the facility. Provisions must be made for the separation of clean and soiled activities. Food and/or ice must not be stored or handled in a ~~utility~~ this room. Soiled utility rooms must be provided with ~~forced~~

mechanical exhaust ventilation to the outside. (3-17-22)()

097. Storage Space. The facility must provide general storage areas and medical storage areas as follows: ()

a. General storage at the rate of ten (10) square feet per licensed bed, in addition to suitable storage provided in the resident's sleeping room. ()

b. ~~The facility provides s~~Safe and adequate storage space for medical supplies and equipment and a space appropriate for the preparation of medications. (3-17-22)()

108. Electrical and Lighting. All electrical and lighting installation and equipment must ~~be in accordance with the National Electrical Code~~ adhere to applicable local and state regulations, and the standards, guidelines, and requirements contained in the sources incorporated by reference in Section 002 of these rules, and as follows: (3-17-22)()

~~**a.** All electrical equipment intended to be grounded is grounded. (3-17-22)~~

~~**b.** Frayed cords, broken plugs, and the like are repaired or replaced. (3-17-22)~~

~~**c.** Plug adaptors and multiple outlets are prohibited. (3-17-22)~~

~~**d.** Extension cords are U.L. approved, adequate in size (wire gauge), and limited to temporary usage. (3-17-22)~~

~~**ea.** All resident personal electrical appliances are inspected and approved by the facility engineer, and/or administrator, or both. (3-17-22)()~~

~~**fb.** All resident rooms have a minimum of thirty (30) foot candles of light delivered to reading surfaces and ten (10) foot candles of light in the rest of the room. adequate lighting for the rooms and for reading surfaces. (3-17-22)()~~

~~**g.** All hallways, storerooms, stairways, inclines, ramps, exits, and entrances have a minimum of five (5) foot candles of light measured in the darkest corner. (3-17-22)~~

109. Heating, Ventilation, and Air Conditioning (HVAC). ~~The facility must be ventilated and precautions taken to eliminate offensive odors in the facility. The system must be capable of maintaining a temperature of seventy degrees (70°F) to eighty-five degrees (85°F) Fahrenheit in all weather conditions. (3-17-22)()~~

12. Heating. ~~A heating system must be provided for the facility that is capable of maintaining a temperature of seventy-five degrees (75°F) to eighty degrees (80°F) Fahrenheit in all weather conditions. (3-17-22)~~

~~**a.** Facility must be ventilated, and take precautions to eliminate offensive odors in the facility. ()~~

~~**ab.** Oil space heaters, recessed gas wall heaters, and floor furnaces cannot be used as heating systems for health care facilities. (3-17-22)()~~

~~**b.** Portable comfort heating devices are not used. (3-17-22)~~

130. Plumbing. ~~Plumbing at the facility must be as follows. In the absence of local plumbing codes, all plumbing systems must comply with requirements under IDAPA 24.39.20, "Rules Governing Plumbing," and the following: (3-17-22)()~~

~~**a.** All plumbing complies with applicable local and state codes. (3-17-22)~~

~~**ba.** Vacuum breakers are installed where necessary to prevent backsiphonage. ()~~

~~eb.~~ The temperature of hot water at plumbing fixtures used by residents is between one hundred ~~five~~ degrees (105~~0~~F) and one hundred twenty degrees (120F) Fahrenheit. ~~(3-17-22)()~~

121. NEW CONSTRUCTION STANDARDS.

~~The following requirements must be met:~~ All new buildings must meet the following requirements and the standards, guidelines, and requirements contained in the sources incorporated by reference in Section 002 in these rules. Where there are conflicts between the requirements, the most restrictive condition will apply. All new construction, plans, and specifications must be submitted to, and approved by, the Department to assure compliance with applicable standards, codes, rules, and regulations. All plans must be submitted electronically. ~~(3-17-22)()~~

01. Plans, Specifications, and Inspections. ~~New facility construction or any addition, conversion, or renovation of an existing facility is governed by the following rules:~~ All new construction, plans, and specifications must be submitted to, and approved, by the Department to assure compliance with applicable standards, codes, rules, and regulations. All plans must be submitted electronically. ~~(3-17-22)()~~

~~a.~~ Prior to commencing work pertaining to construction of new buildings, any additions, structural changes to existing facilities, or conversion of buildings to be used as a facility, plans and specifications must be submitted to, and approved by, the Department to assure compliance with the applicable construction standards, codes, rules, and regulations. A full set of architecture plans must be prepared, signed, stamped, and dated by an Idaho-licensed architect or engineer. A variance of this requirement may be granted by the Department when the project does not necessitate involvement of an architect or engineer. This must include all the following: ~~(3-17-22)()~~

~~b.~~ The plans and specifications must be prepared by, or executed under, the immediate supervision of a licensed architect registered in the state of Idaho. The employment of an architect may be waived by the Department in certain minor alterations. ~~(3-17-22)~~

~~e.~~ Preliminary plans must be submitted and include at least the following: ~~(3-17-22)~~

i. The assignment of all spaces, size of areas and rooms, and indicated in outline the fixed and movable equipment and furniture. ~~()~~

ii. The plans are drawn at a scale sufficiently large to clearly present the proposed design, but not less than a scale of one-eighth inch (1/8") equals one foot (1'). ~~()~~

iii. The drawings include a plan for each floor, including the basement or ground floor with approach or site plan, showing roads, parking areas, sidewalks, etc. ~~()~~

iv. The total floor area and number of beds are computed and noted on the drawings. ~~()~~

v. Outline specifications provide a general description of the construction, including interior finishes, acoustical material, its extent and type and heating, electrical, and ventilation systems. ~~()~~

vi. A physical address approved by the city or county. ~~()~~

vii. Life safety plans. ~~()~~

viii. Fire alarm shop drawings and specifications submitted by a qualified fire alarm contractor. ~~()~~

ix. Sprinkler shop drawings and specifications submitted by an Idaho-licensed fire sprinkler contractor. ~~()~~

~~d.~~ Before commencing construction, the working drawings must be developed in close cooperation with, and approved by, the Department and other appropriate agencies with the following: ~~(3-17-22)~~

~~i.~~ Working drawings and specifications are prepared so that clear, distinct prints may be obtained,

~~accurately dimensioned, and include all necessary explanatory notes, schedules, legends, and stamped with the licensed architect's seal. (3-17-22)~~

~~ii. Working drawings are complete and adequate for contract purposes. Separate drawings are prepared for each of the following branches of work: architectural, mechanical and electrical. (3-17-22)~~

~~**eb.** Prior to occupancy, the facility must be inspected and approved by the ~~licensing agency~~ Department. The ~~agency facility~~ will be notified notify the Department at least two (2) weeks prior to completion in ~~order~~ to schedule a final inspection. (3-17-22)()~~

~~**02. Codes and Standards.** New construction features must be in accordance with applicable local, state, national standards, codes, and regulations in effect at the time of the construction, addition, remodeling, or renovation. (3-17-22)~~

~~**a.** In the event of a conflict of requirements between codes, the most restrictive applies. (3-17-22)~~

~~**b.** Compliance with the applicable provisions of the following codes and standards must be required by, and reviewed for, by this agency: (3-17-22)~~

~~i. American National Standard Specifications for Making Buildings and Facilities Accessible to and Usable by Physically Handicapped People (ANSI A117.1). (3-17-22)~~

~~ii. Idaho Department of Health and Welfare Rules, IDAPA 16.02.19, "Idaho Food Code." (3-17-22)~~

~~**03. Site Requirements.** The location of all new facilities or conversion of existing buildings is controlled by the following criteria: (3-17-22)~~

~~**a.** That it is adjacent to an all-weather road(s). (3-17-22)~~

~~**b.** That it is accessible to physician's services and medical facilities. (3-17-22)~~

~~**c.** That it is accessible to public utilities. (3-17-22)~~

~~**d.** That it is in a lawfully constituted fire district. (3-17-22)~~

~~**e.** That each facility has parking spaces to satisfy the minimum needs of residents, employees, staff, and visitors. In the absence of a local requirement, each facility provides not less than one (1) space for each day shift staff member and employee, plus one (1) space for each five (5) resident beds. This ratio may be reduced in areas convenient to a public transportation system or to public parking facilities provided that approval of any reduction is obtained from the appropriate state agency. Space must be provided for emergency and delivery vehicles. (3-17-22)~~

~~**04. Resident Care Unit.** Each resident care unit must be in compliance with the following: (3-17-22)~~

~~**a.** That the number of beds in a unit does not exceed sixty (60); (3-17-22)~~

~~**b.** That at least eighty percent (80%) of the beds are located in rooms designed for one (1) or two (2) residents; (3-17-22)~~

~~**c.** That at least one (1) room in each facility is available for single occupancy for isolation of disease, for privacy in personality conflict, or disruptive resident situations. Each isolation room meets the following requirements: (3-17-22)~~

~~i. All features of regular resident rooms, as described in Subsection 121.05.d.; (3-17-22)~~

~~ii. Supply an entry area that is adequate for gowning; (3-17-22)~~

~~iii. Supply a handwashing lavatory in or directly adjacent to the resident room entry; (3-17-22)~~

- iv. Provide a private toilet; (3-17-22)
- v. Have finishes easily cleanable; and (3-17-22)
- vi. Not be carpeted; (3-17-22)
- d. That each resident room meets the following requirements: (3-17-22)
 - i. Minimum room area, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules is one hundred (100) square feet in single bed rooms and eighty (80) square feet in multiple bed rooms per resident; (3-17-22)
 - ii. Beds in all rooms are placed so that they are three (3) feet apart, two (2) feet away from the side wall parallel with beds, and three (3) feet, six (6) inches from the end of the bed to the opposite wall, or other obstructions; (3-17-22)
 - iii. A lavatory is provided in each resident room. The lavatory may be omitted from a single bed or two (2) bed room when a lavatory is located in an adjoining toilet room that serves that room only; (3-17-22)
 - iv. Each resident has access to a toilet room without entering the general corridor area. One (1) toilet room serves no more than four (4) beds, and no more than two (2) resident rooms. The toilet room contains a water closet and a lavatory. The lavatory may be omitted from a toilet room if each resident room served by that toilet room contains a lavatory; (3-17-22)
 - v. Each resident is provided, within the room, a wardrobe, locker, or closet with a minimum of four (4) square feet. Common closets are not permitted. An adjustable clothes rod and adjustable shelf is provided; (3-17-22)
 - vi. Each resident room cannot be located more than one hundred twenty (120) feet from the soiled workroom or the soiled holding room; (3-17-22)
 - vii. Each room has a window that can be opened without the use of tools. The window sill must not be higher than three (3) feet above the floor and needs to be above grade. The window is at least one-eighth (1/8) of the floor area and provided with shades or drapes; (3-17-22)
 - viii. Cubicle curtains of fire retardant material, capable of enclosing the bed is provided in multiple bed rooms to insure privacy for the residents. Alternatives to this arrangement may be allowed if the alternative provides the same assurance of privacy; (3-17-22)
 - ix. Mirror(s) are arranged for convenient use by residents in wheelchairs, as well as by residents in standing position; (3-17-22)
 - x. A staff calling system is installed at each resident bed and in each resident toilet, bath, and shower room. The staff call in the toilet, bath, and shower room is an emergency call. All calls register at the staff station and activate a visible signal in the corridor at the resident's door. The emergency call system is designed so that a signal light activated at the resident's station will remain lit until turned off at the resident's calling station; (3-17-22)
 - xi. All resident rooms are visible to a staffed nurse's station; (3-17-22)
 - xii. Each resident room is an outside room; (3-17-22)
 - xiii. Residents cannot be cared for or housed in any attic story, trailer house, or in any room other than an approved resident room; (3-17-22)
 - xiv. Resident beds are not be placed in hallways or any location commonly used for other than bedroom purposes; (3-17-22)

- xv. Ceiling heights in resident rooms are a minimum of eight (8) feet; (3-17-22)
- xvi. ~~No room can be used for a resident room that can only be reached by passing through another resident room, utility room or any other room. All resident rooms have direct access to an exit corridor;~~ (3-17-22)
- xvii. Resident rooms do not open into any room in which food is prepared, served, or stored; and (3-17-22)
- xviii. ~~All resident rooms are numbered. All other rooms are numbered or identified as to purpose.~~ (3-17-22)
- e. ~~Service Areas. That the following service areas are located in, or readily available to, each resident care unit. The size and disposition of each service will depend upon the number and types of beds to be served. Although identifiable spaces are required to be provided for each of the indicated functions, consideration will be given to design solutions that would accommodate some functions without specific designation of areas or rooms. Details of such proposals are submitted for prior approval. Each service area may be arranged and located to serve more than one (1) resident care unit, but at least (1) such service area is provided on each resident floor and as follows:~~ (3-17-22)
- i. ~~Staff station with space for charting and storage for administrative supplies convenient to handwashing facilities;~~ (3-17-22)
- ii. ~~Lounge and toilet room(s) for staff (toilet room may be unisex);~~ (3-17-22)
- iii. ~~Individual closets or compartments for the safekeeping of coats and personal effects of personnel located close to the duty station of personnel or in a central location;~~ (3-17-22)
- iv. ~~Clean workroom or clean holding room. If the room is used for work, that it contains a counter and handwashing facilities. When the room is used only for storage as part of a system for distributing clean and sterile supplies, the work counter and handwashing facilities may be omitted;~~ (3-17-22)
- v. ~~A soiled workroom contains a clinical sink or equivalent flushing rim fixture sink for handwashing, work counter, waste receptacle, and soiled linen receptacle. When the room is used only for temporary holding of soiled materials, the work counter may be omitted;~~ (3-17-22)
- vi. ~~Drug distribution station. Provisions are made for secure, convenient, and prompt twenty-four (24) hour availability of medicine to residents. A secure medicine preparation area is available and under the nursing staff's visual control and contains a work counter, refrigerator, and locked storage for controlled drugs, and has a minimum area of fifty (50) square feet. A medicine dispensing unit may be located at the nurse's station, in the clean workroom, or in an alcove or other space convenient to staff for staff control;~~ (3-17-22)
- vii. ~~Clean linen storage. A separate closet or a designated area within the clean workroom is provided. If a closed cart system is used, storage may be in an alcove;~~ (3-17-22)
- viii. ~~Nourishment station. The station contains a sink equipped for handwashing, equipment for serving nourishment between scheduled meals, refrigerator, and storage cabinets. Ice for residents' service and treatment is provided only by icemaker dispenser units;~~ (3-17-22)
- ix. ~~Equipment storage room(s). Room(s) is available for storage of equipment such as I.V. stands, inhalators, air mattresses, and walkers;~~ (3-17-22)
- x. Resident bathing facilities. A minimum of one (1) bathtub or shower is provided for each ten (10) beds not otherwise served by bathing facilities at resident rooms. Residents have access to at least one (1) bathtub in each nursing unit. Each tub or shower is in an individual room or enclosure that provides space for private use of the bathing fixture, for drying and dressing, and for a wheelchair and attendant. At least one (1) shower in each central bathing facility has a minimum of four (4) feet square without curbs and designed for use by a wheelchair. (3-17-22)

- f.** Resident Toilet Facilities. That each resident toilet room meets the following criteria: (3-17-22)
- i.** ~~The minimum dimensions of a room containing only a water closet is three (3) feet by six (6) feet. Additional space is provided if a lavatory is located within the same room. Water closets are accessible for use by wheelchair residents. (3-17-22)~~
 - ii.** ~~At least one (1) room on each floor is appropriate for toilet training. It is accessible from the corridor. A clearance of three (3) feet is provided at the front and at each side of the water closet and the room contains a lavatory. (3-17-22)~~
 - iii.** ~~A toilet room is accessible to each central bathing area without having to go through the general corridor. This may be arranged to serve as the required toilet training facility. (3-17-22)~~
- g.** Sterilizing Facilities. That a system for the sterilization of equipment and supplies is provided. (3-17-22)
- 05. Resident Dining and Recreation Areas.** The following minimum requirements apply to dining/recreation areas. (3-17-22)
- a.** ~~Area Requirement. The total area set aside for these purposes is at least thirty (30) square feet per bed with a minimum, total area of at least two hundred twenty five (225) square feet. For facilities with more than one hundred (100) beds, the minimum area may be reduced to twenty five (25) square feet per bed. If day care programs are offered, additional space is provided as needed to accommodate for day care residents needing naps or for dining and activities. (3-17-22)~~
 - b.** ~~Storage. Storage space is provided for recreational equipment and supplies. (3-17-22)~~
- 06. Rehabilitation Therapy Facilities.** Each facility must include provisions for physical and occupational therapy for rehabilitation of long term care residents. Areas and equipment is necessary to meet the intent of the program. As a minimum, the following must be located on-site, convenient for use to the nursing unit: (3-17-22)
- a.** ~~Space for files, records and administrative activities. (3-17-22)~~
 - b.** ~~Storage for supplies and equipment. (3-17-22)~~
 - c.** ~~Storage for clean and soiled linen. (3-17-22)~~
 - d.** ~~Handwashing facilities within the therapy unit. (3-17-22)~~
 - e.** ~~Space and equipment for carrying out each of the types of therapy that may be prescribed. (3-17-22)~~
 - f.** ~~Provisions for resident privacy. (3-17-22)~~
 - g.** ~~Janitor closets, in or near unit. (3-17-22)~~
 - h.** ~~If the program includes outpatient treatment, additional provisions include: (3-17-22)~~
 - i.** ~~Convenient access from exterior for use by the handicapped. (3-17-22)~~
 - ii.** ~~Lockers for secure storage of residents' clothing and personal effects. (3-17-22)~~
 - iii.** ~~Outpatient facilities for dressing and changing. (3-17-22)~~
 - iv.** ~~Showers for resident use. (3-17-22)~~

- ~~i. Waiting area with provision for wheelchair outpatients. (3-17-22)~~
- ~~07. **Personal Care Unit.** A separate room must be provided with equipment for hair care and grooming needs of the residents. (3-17-22)~~
- ~~08. **Dietary Facilities.** The following must be provided: (3-17-22)~~
 - ~~a. Handwashing facilities in the food preparation area. (3-17-22)~~
 - ~~b. Resident meal service space including facilities for tray assembly and distribution. (3-17-22)~~
 - ~~e. Warewashing in a room or an alcove separate from food preparation and serving areas. This includes commercial type dishwashing equipment. Space is also provided for receiving, scraping, sorting, and stacking soiled tableware and for transferring clean tableware to the using area. Handwashing facilities are conveniently available. (3-17-22)~~
 - ~~d. Potwashing facilities. (3-17-22)~~
 - ~~e. Waste storage facilities that are easily accessible for direct pickup or disposal. (3-17-22)~~
 - ~~f. Office or suitable work space for the dietitian or food service supervisor. (3-17-22)~~
 - ~~g. Toilets for dietary staff with handwashing facility immediately available. (3-17-22)~~
 - ~~h. Janitor's closet located within the dietary department. The closet contains a floor receptor or service sink and storage space for housekeeping equipment and supplies. (3-17-22)~~
- ~~09. **Administration and Public Areas.** The following must be provided: (3-17-22)~~
 - ~~a. Entrance at grade level, sheltered from the weather and able to accommodate wheelchairs. (3-17-22)~~
 - ~~b. Lobby space, including:
 - ~~i. Storage space for wheelchairs. (3-17-22)~~
 - ~~ii. Reception and information counter or desk. (3-17-22)~~
 - ~~iii. Waiting space(s). (3-17-22)~~
 - ~~iv. Public toilet facilities. (3-17-22)~~
 - ~~v. Public telephone(s). (3-17-22)~~
 - ~~vi. Drinking fountain(s). (3-17-22)~~~~
 - ~~e. General or individual office(s) assuring privacy for interviews, business transactions, medical and financial records, and administrative and professional staff. (3-17-22)~~
 - ~~d. Multipurpose room for conferences, meetings, and health education purposes. (3-17-22)~~
 - ~~e. Storage for office equipment and supplies. (3-17-22)~~
- ~~10. **Linen Services.** The following requirements apply: Laundry processing room with commercial type equipment with which a seven (7) days' need can be processed. (3-17-22)~~

~~11. **Central Stores.** General storage rooms must have a total area of not less than ten (10) square feet per bed and concentrated in one (1) area. (3-17-22)~~

~~12. **Janitors' Closets.** In addition to the janitors' closets called for in certain departments, sufficient janitor's closets must be provided throughout the facility to maintain a clean and sanitary environment. These contain a floor receptor or service sink and storage space for housekeeping equipment and supplies. (3-17-22)~~

~~13. **Engineering Services and Equipment Areas.** The following must be provided: (3-17-22)~~

~~a. Equipment room(s) or separate building(s) for boilers, mechanical equipment and electrical equipment. (3-17-22)~~

~~b. Office or suitable desk space for the engineer. (3-17-22)~~

~~c. Maintenance shop(s). (3-17-22)~~

~~d. Storage room(s) for building maintenance supplies. (3-17-22)~~

~~e. Yard equipment storage consisting of a separate room or building for yard maintenance equipment and supplies if ground maintenance is provided by the facility. (3-17-22)~~

~~14. **Details and Finishes.** A high degree of safety for the residents must be provided to minimize the incidence of accidents with special consideration for residents who will be ambulatory to assist them in self care. Hazards such as sharp corners must be avoided. All details and finishes for modernization projects as well as for new construction must comply with the following requirements: (3-17-22)~~

~~a. Details: (3-17-22)~~

~~i. All rooms containing bathtubs, sitz baths, showers, and water closets subject to occupancy by residents are equipped with doors and hardware that will permit access from the outside of the rooms in an emergency. When such rooms have only one (1) opening or are small, the doors must open outwards or be designed to be opened without the need to push against a resident who may have collapsed within the room. (3-17-22)~~

~~ii. Windows and outer doors that may be frequently left in an open position are provided with insect screens. (3-17-22)~~

~~iii. Doors, sidelights, borrowed lights, and windows in which the glazing extends down to within eighteen (18) inches of the floor (thereby creating a possibility for accidental breakage by pedestrian traffic) is glazed with safety glass, wire glass, or plastic glazing material that will resist breaking and will not create dangerous cutting edges when broken. Similar materials are used in wall openings of recreation rooms and exercise rooms unless required otherwise for safety. Safety glass or plastic glazing materials as noted above are used for shower doors and bath enclosures. (3-17-22)~~

~~iv. Dumbwaiters, conveyors, and material handling systems do not open directly into a corridor or exitway. (3-17-22)~~

~~vi. Thresholds and expansion joint covers are made flush with the floor surface to facilitate use of wheelchair and carts. (3-17-22)~~

~~vi. Grab bars are provided at all resident toilets, showers, tubs, and sitz baths. The bars have one and one half (1-1/2) inches clearance to walls and sufficient strength and anchorage to sustain a concentrated load of two hundred fifty (250) pounds. (3-17-22)~~

~~vii. Recessed soap dishes are provided in showers and bathrooms. (3-17-22)~~

~~viii. Handrails are provided on both sides of corridors used by residents. A clear distance of one and one half (1-1/2) inches is provided between the handrail and the wall. Ends are returned to the wall. (3-17-22)~~

- ~~ix. The arrangement of handwashing facilities provides sufficient clearance for blade type operating handles and are installed to permit use by wheelchair residents. (3-17-22)~~
- ~~x. Lavatories and handwashing facilities are securely anchored to withstand an applied vertical load of not less than two hundred fifty (250) pounds on the front of the fixture. (3-17-22)~~
- ~~xi. Mirrors are arranged for convenient use by residents in wheelchairs as well as by residents in a standing position. (3-17-22)~~
- ~~xii. Paper towel dispensers and waste receptacles are provided at all handwashing fixtures. (3-17-22)~~
- ~~xiii. Ceiling heights are as follows: (3-17-22)~~
- ~~(1) Boiler rooms have ceiling clearances not less than two (2) feet, six (6) inches above the main boiler header and connecting piping. (3-17-22)~~
- ~~(2) Rooms containing ceiling mounted equipment have height required to accommodate the equipment. (3-17-22)~~
- ~~(3) All other rooms have not less than eight (8) foot ceilings except that corridors, storage rooms, toilet rooms, and other minor rooms may not have less than seven (7) feet, eight (8) inches. Suspended tracks, rails, and pipes located in the path of normal traffic are not less than six (6) feet, eight (8) inches above the floor. (3-17-22)~~
- ~~xiv. Recreation rooms, exercise rooms, and similar spaces where impact noises may be generated are not located directly over resident bed areas unless special provisions are made to minimize the noise. (3-17-22)~~
- ~~**b. Finishes: (3-17-22)**~~
- ~~i. Floor materials are easily cleaned and have wear resistance appropriate for the location involved. Floors in areas used for food preparation or food assembly are water resistant and grease proof. Joints in tile and similar materials in such areas are resistant to food acids. In all areas frequently subject to wet cleaning methods or spillage, floor materials are not physically affected by germicidal and cleaning solutions. Floors that are subject to traffic while wet (such as shower and bath areas, kitchens, and similar work areas) have an impervious non-slip surface. Vinyl asbestos tile is not acceptable for such areas. (3-17-22)~~
- ~~ii. Wall bases in kitchens, soiled workrooms, and other areas that are frequently subject to wet cleaning methods are made integral and coved with the floor, tightly sealed within the wall, and constructed without voids that can harbor insects. (3-17-22)~~
- ~~iii. Wall finishes are washable and in the immediate area of plumbing fixtures smooth and moisture resistant. Finish, trim, and wall and floor construction in dietary and food preparation areas are free from spaces that can harbor rodents and insects. (3-17-22)~~
- ~~iv. Floor and wall penetrations by pipes, ducts and conduits are tightly sealed to minimize entry of rodents and insects. Joints of structural elements are similarly sealed. (3-17-22)~~
- ~~v. Ceilings throughout the facility are easily cleanable. Ceilings in the dietary and food preparation areas have a finished ceiling covering all overhead piping and duct work. Finished ceilings may be omitted in mechanical and equipment spaces, shops, general storage areas and similar spaces, unless required for fire resistance purposes. (3-17-22)~~
- ~~**15. Construction Features.** The facility must be designed and constructed to sustain dead and live loads in accordance with local building codes. All construction must comply with applicable provisions of the codes and standards as listed in Section 121 and as follows: (3-17-22)~~
- ~~**a.** All buildings having resident use areas on more than one (1) floor have at least one (1) electrical or~~

- ~~electrohydraulic elevator. (3-17-22)~~
- ~~**b.** All mechanical installations comply with applicable codes and the following: (3-17-22)~~
- ~~i. Prior to completion, all mechanical systems are tested, balanced, and operated to demonstrate to the owner or representative that the installation and operation conform to the plans and specifications. (3-17-22)~~
- ~~ii. Heating and cooling ventilating systems. (3-17-22)~~
- ~~(1) Normal comfort the design temperature for all occupied areas provides a minimum of sixty-eight degrees (68) and a maximum of eighty degrees (80) Fahrenheit. (3-17-22)~~
- ~~(2) All air supply and air exhaust systems are mechanically operated. All fans serving exhaust systems are located at the discharge end of the system. (3-17-22)~~
- ~~**e.** Outdoor air intakes are located as far as practical but not less than twenty-five (25) feet from exhaust outlets of ventilating systems, combustion equipment stacks, medical surgical vacuum systems, plumbing vent stacks, or from areas that may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems are located as high as practical but not less than six (6) feet above ground level or, if installed above the roof, three (3) feet above roof level. (3-17-22)~~
- ~~**d.** The bottom of ventilation opening is not be less than three (3) inches above the floor of any room. (3-17-22)~~
- ~~**e.** All central ventilation or air conditioning systems are equipped with filters having efficiencies no less than: (3-17-22)~~
- ~~i. Eighty percent (80%) for resident care, treatment, diagnostic, and related areas that may be reduced to thirty five (35%) for all outdoor air systems. (3-17-22)~~
- ~~ii. Eighty percent (80%) for food preparation areas and laundries. (3-17-22)~~
- ~~iii. Twenty five percent (25%) for all administrative, bulk storage, and sorted holding areas. (3-17-22)~~
- ~~**f.** Plumbing standards. All plumbing systems are designed to meet the following: (3-17-22)~~
- ~~i. Shower bases and tubs are provided with nonslip surfaces. (3-17-22)~~
- ~~ii. The water supply system are designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods. (3-17-22)~~
- ~~iii. Vacuum breakers are installed on hose bibs, janitors' sinks, bedpan flushing attachments, and on all other fixtures to which hoses or tubing can be attached. (3-17-22)~~
- ~~iv. Water distribution systems are arranged to provide hot water at each hot water outlet at all times. Hot water at shower, bathing, and handwashing facilities do not exceed one hundred twenty degrees (120) Fahrenheit. (3-17-22)~~
- ~~v. Hot water heating equipment has sufficient capacity to supply water at the temperature and amounts as follows: (3-17-22)~~
- ~~(1) Clinical. Six and one half (6 1/2) gallons per hour per bed at one hundred twenty degrees (120) Fahrenheit. (3-17-22)~~
- ~~(2) Dietary. Four (4) gallons per hour per bed at one hundred eighty degrees (180) Fahrenheit. (3-17-22)~~

- ~~(3) Laundry. Four and one-half (4 1/2) gallons per hour per bed at one hundred sixty-five degrees (165) Fahrenheit. (3-17-22)~~
- ~~g. Electrical standards. All electrical installations comply with applicable codes and the following: (3-17-22)~~
- ~~i. General. Prior to completion, all electrical installations and systems are tested to show that the equipment is installed and operating as planned or specified. (3-17-22)~~
- ~~ii. Switchboards and power panels are located in a separate enclosure accessible only to authorized personnel. (3-17-22)~~
- ~~iii. Panel boards serving lighting and appliance circuits are located on the same floor as the circuits they serve. (3-17-22)~~
- ~~iv. Lighting: (3-17-22)~~
- ~~(1) All spaces occupied by people, machinery and equipment within buildings, approaches to buildings and parking lots have lighting. (3-17-22)~~
- ~~(2) Residents have general lighting and night lighting. A reading light is provided for each resident. At least one (1) light fixture for night lighting is switched at the entrance to each resident room. All switches for control of lighting in resident areas are of the quiet operating type. (3-17-22)~~
- ~~v. Receptacles (convenience outlets): (3-17-22)~~
- ~~(1) Resident rooms. Each resident room has duplex ground type receptacles as follows: One (1) on each side of the head of each bed; one (1) for television if used; and one (1) on another wall. (3-17-22)~~
- ~~(2) Corridors. Duplex receptacles for general use are installed approximately fifty (50) feet apart in all corridors and within twenty-five (25) feet of ends in corridors. (3-17-22)~~
- ~~vi. Equipment installation in special areas. The electrical circuits to fixed or portable equipment in hydrotherapy units are provided with five (5) milliampere ground fault interrupters. (3-17-22)~~
- ~~vii. Nurse/staff calling system. A nurse/staff calling system is provided as specified in Subsection 121-05.d.x. (3-17-22)~~

122. FURNISHINGS AND EQUIPMENT.

For furnishings, resident rooms, and bedrooms the following must be met: ()

~~**01. Furnishings—Resident Living Rooms and Bedrooms.** Living rooms for residents' use must be provided with a sufficient number of reading lamps, tables, chairs, or sofas of satisfactory design for age and condition of the residents. The following requirements must be met: (3-17-22)~~

~~**a01.** Each resident is provided with their own bed that is at least thirty-six (36) inches wide, have has a headboard and a footboard, be is substantially constructed, and in good repair. Roll-away type beds, cots, folding beds, double beds, or Hollywood-type beds are not to be used. (3-17-22)()~~

~~**b02.** Each bed is provided with satisfactory type springs in good repair and a clean, comfortable mattress at least five (5) inches thick, (four (4) inches if of foam rubber construction and four and one-half (4-1/2) inches if of innerspring type) and standard in size for the bed. ()~~

~~**e03.** Each resident is provided with an individual rack with towel and washcloth. ()~~

~~**d.** In addition to basic resident care equipment, each resident is provided an individual reading light, bedside cabinet with drawer, comfortable chair, and storage space for clothing and other possessions. (3-17-22)~~

~~e04.~~ Each resident is provided with a cup and a covered pitcher of fresh water (or the equivalent) at the bedside ~~if the resident needs assistance to ambulate but is able to drink without assistance~~ within reach of resident. (3-17-22)()

~~02. General Requirements.~~ Equipment and supplies must be provided to satisfactorily meet the individualized needs of the residents of the facility. Equipment and supplies will vary according to the size of the facility and the type of residents. An authorized representative of the Department will make the final determination as to the adequacy and suitability of equipment and supplies. The following must be met: (3-17-22)

~~a.~~ Cubicle curtains of fire retardant material that are designed to enclose the bed are provided in multiple bed rooms to ensure privacy for the residents. Alternatives may be provided if equivalent privacy is allowed. (3-17-22)

~~b.~~ All furniture and equipment are maintained in a sanitary manner, kept in good repair, and be located for convenient use. (3-17-22)

~~e.~~ An adequate supply of clean linen is available and in good repair to keep the resident clean, odor-free, and insures the comfort of the resident. (3-17-22)

~~d.~~ Equipment and supplies are stored in a designated area specific for equipment and supplies. Utensils not in use are sterilized prior to being stored. Those that cannot be sterilized are thoroughly cleansed in accordance with procedures approved by the Department. (3-17-22)

~~e.~~ All utensils are kept in good condition. Chipped and otherwise damaged utensils are not to be used. (3-17-22)

~~f.~~ Any single use or disposable equipment and supplies are not to be reused. (3-17-22)

123. -- 15099. (RESERVED)

~~151. ACTIVITIES PROGRAM.~~

The facility must provide adequate funding for the activity program. Residents must not be required to support the funding. (3-17-22)

~~152. SOCIAL SERVICES.~~

The facility must provide for the identification of the social and emotional needs of the residents either directly or through arrangements with an outside resource and provide means to meet the needs identified. Sufficient staff must be provided to implement the program as follows: (3-17-22)

~~01. Licensed Social Worker.~~ That a social worker is licensed by the state of Idaho as a social worker or who receives regular consultation from such a qualified social worker. (3-17-22)

~~02. Outside Resources.~~ That if the facility does not provide the services directly but arranges with an outside resource to provide the services, a facility staff member is designated in writing as a liaison person. (3-17-22)

~~03. Identify and Implement Programs.~~ That the facility ensures that identification of needs and implementation of programs meets the needs and appropriate record keeping is accomplished. (3-17-22)

153. (RESERVED)

~~154. PHYSICIAN SERVICES.~~

The following standards must be met: (3-17-22)

~~01. Physician Supervision.~~ That each resident is under the direct and continuing supervision of a physician of their own choice licensed by the Idaho Board of Medicine. (3-17-22)

~~02. Necessary Medical Information.~~ That the physician provides the facility with medical information necessary to care for the resident that includes at least a current history and physical or medical findings completed made no longer than five (5) days prior to admission or within forty eight (48) hours after admission. The information includes diagnosis, medical findings, activity limitations, and rehabilitation potential. (3-17-22)

~~03. Physician's Plan of Care.~~ That a physician's plan of care is provided to the facility upon admission of the resident that reflects medication orders, treatments, diet orders, activity level approved, and any other directives to the facility for the care of the resident. (3-17-22)

~~04. Plan of Care Review.~~ That the physician's plan of care for the resident is reviewed by the physician as follows: (3-17-22)

~~a.~~ Every thirty (30) to sixty (60) days for skilled care residents depending upon the visit schedule authorized. (3-17-22)

~~b.~~ The plan of care is reordered with any changes included by the physician and signed and dated by the physician at the time of the review. (3-17-22)

~~155.—199. (RESERVED)~~

200. NURSING SERVICES TUBERCULOSIS (TB) CONTROL.

All facilities must meet the standards, guidelines, and requirements contained in the sources incorporated by reference in Section 002 of these rules. The following requirements must also be met: (3-17-22)()

~~01. Director of Nursing Services (DNS).~~ A licensed registered nurse currently licensed by the state of Idaho and qualified by training and experience is designated DNS in each SNF and is responsible and accountable for the following: (3-17-22)

~~a.~~ Participating in the development and implementation of resident care policies; (3-17-22)

~~b.~~ Developing and/or maintaining goals and objectives of nursing service, standards of nursing practice, and nursing policy and procedures manuals; (3-17-22)

~~c.~~ Assisting in the screening and selection of prospective residents in terms of their needs, and the services available in the facility; (3-17-22)

~~d.~~ Observing and evaluating the condition of each resident and developing a written, individualized patient care plan that is based upon an assessment of the needs of each resident, and that is kept current through review and revision; (3-17-22)

~~e.~~ Recommending to the administrator the numbers and categories of nursing and auxiliary personnel to be employed and participating in their recruitment, selection, training, supervision, evaluation, counseling, discipline, and termination when necessary. Developing written job descriptions for all nursing and auxiliary personnel; (3-17-22)

~~f.~~ Planning and coordinating orientation programs for new nursing and auxiliary personnel, as well as a formal, coordinated in-service education program for all nursing personnel; (3-17-22)

~~g.~~ Preparing daily work schedule for nursing and auxiliary personnel that includes names of employees, professional designation, hours worked, and daily patient census; and (3-17-22)

~~h.~~ Coordinating the nursing service with related resident care services; (3-17-22)

~~02. Minimum Staffing Requirements.~~ That minimum staffing requirements include the following: (3-17-22)

~~a.~~ A Director of Nursing Services (DNS) works full time on the day shift but the shift may be varied

~~for management purposes. If the DNS is temporarily responsible for administration of the facility, there is a licensed registered nurse (RN) assistant to direct patient care. The DNS is required for all facilities five (5) days per week.~~

~~(3-17-22)~~

~~i. The DNS in facilities with an average occupancy rate of sixty (60) residents or more has strictly nursing administrative duties.~~

~~(3-17-22)~~

~~ii. The DNS, in facilities with an average occupancy rate of fifty nine (59) residents or less may, in addition to administrative responsibilities, serve as the supervising nurse.~~

~~(3-17-22)~~

~~b. A supervising nurse, licensed registered nurse, or a licensed practical nurse, and who meets the requirements designated by the Idaho Board of Nursing to assume responsibilities as a charge nurse and meets the definition in Subsection 002.35.~~

~~(3-17-22)~~

~~e. A charge nurse, a licensed registered, or a licensed practical nurse, and who meets the requirements designated by the Idaho Board of Nursing to assume responsibilities as a charge nurse in accordance with the definition in Subsection 002.07. A charge nurse is on duty as follows:~~

~~(3-17-22)~~

~~i. In SNFs with an average occupancy rate of fifty nine (59) residents or less a licensed registered nurse is on duty eight (8) hours of each day and no less than a licensed practical nurse is on duty for each of the other two (2) shifts.~~

~~(3-17-22)~~

~~ii. In SNFs with an average occupancy rate of sixty (60) to eighty nine (89) residents a licensed registered nurse is on duty for each a.m. shift (approximately 7:00 a.m. – 3:00 p.m.) and p.m. shift (approximately 3:00 p.m. to 11:00 p.m.) and no less than a licensed practical nurse on the night shift.~~

~~(3-17-22)~~

~~iii. In SNFs with an average occupancy rate of ninety (90) or more residents a licensed registered nurse is on duty at all times.~~

~~(3-17-22)~~

~~iv. In those facilities authorized to utilize a licensed practical nurse as charge nurse, the facility must make documented arrangements for a licensed registered nurse to be on call for these shifts to provide professional nursing support.~~

~~(3-17-22)~~

~~d. Nursing hours per resident per day are provided to meet the total needs of the residents. The minimum staffing is as follows:~~

~~(3-17-22)~~

~~i. Skilled Nursing Facilities with a census of fifty nine (59) or less residents provide two and four tenths (2.4) hours per resident per day. Hours do not include the DNS but the supervising nurse on each shift may be counted in the calculations of the two and four tenths (2.4) hours per resident per day.~~

~~(3-17-22)~~

~~ii. Skilled Nursing Facilities with a census of sixty (60) or more residents provide two and four tenths (2.4) hours per resident per day. Hours do not include the DNS or supervising nurse.~~

~~(3-17-22)~~

~~iii. Nursing hours per resident per day are required seven (7) days a week with provision for relief personnel.~~

~~(3-17-22)~~

~~iv. Skilled Nursing Facilities are considered in compliance with the minimum staffing ratios if, on Monday of each week, the total hours worked by nursing personnel for the previous seven (7) days equal or exceed the minimum staffing ratio for the same period when averaged on a daily basis and the facility has received prior approval from the Licensing Agency to calculate nursing hours in this manner.~~

~~(3-17-22)~~

~~e. Combined Hospital and Skilled Nursing Facility. In a combined facility the DNS may serve both the hospital and long term care unit with supervising and charge nurses as required under Subsection 200.02.b. and 200.02.c. In a combined facility of less than forty one (41) beds, the supervising or charge nurse may be an LPN. Combined beds (forty one (41) or less) represent the total number of acute care (hospital) and long term care (nursing home) beds.~~

~~(3-17-22)~~

~~f. Waiver of Licensed Registered Nurse as Supervising or Charge Nurse. In the event that a facility is unable to hire licensed registered nursing personnel to meet these regulation requirements, a licensed practical nurse will satisfy the requirements so long as: (3-17-22)~~

~~i. The facility continues to seek a licensed registered nurse at a compensation level at least equal to that prevailing in the community; (3-17-22)~~

~~ii. A documented record of efforts to secure employment of licensed registered nursing personnel is maintained in the facility; (3-17-22)~~

~~iii. The facility maintains at least forty (40) hours a week R.N. coverage. (3-17-22)~~

~~g. There is at least two (2) nursing personnel on duty on each shift to ensure resident safety in the event of accidents, fires, or other disasters. (3-17-22)~~

~~h. Nursing care is given only by licensed staff, nursing personnel, and auxiliary nursing personnel. (3-17-22)~~

~~03. Resident Care. That nursing staff must document on the resident medical record, any assessments of the resident, any interventions taken, effect of interventions, significant changes and observations, and the administration of medications, treatments, and any other services provided, and entries made at the time the action occurs with signature, date and time. At a minimum, a monthly summary of the resident's condition and reactions to care must be written by a licensed nursing staff person. (3-17-22)~~

~~04. Medication Administration. Medications must be provided to residents by licensed nursing staff or certified medication assistants (MA-C) per established written procedures that includes at least the following: (4-6-23)~~

~~a. Administered per physician's, dentist's, or nurse practitioner's written orders; (4-6-23)~~

~~b. The resident is identified prior to administering the medication; (3-17-22)~~

~~c. Medications are administered as soon as possible after preparation; (3-17-22)~~

~~d. Medications are administered only if properly identified; (3-17-22)~~

~~e. Medications are administered by the person preparing the medication for delivery to the resident (exception: Unit dose); (3-17-22)~~

~~f. Residents are observed for reactions to medications and if a reaction occurs, it is immediately reported to the charge nurse and attending physician; (3-17-22)~~

~~g. Each resident's medication is properly recorded on their individual medication record by the person administering the medication. The record includes: (3-17-22)~~

~~i. Method of administration; (3-17-22)~~

~~ii. Name and dosage of the medication; (3-17-22)~~

~~iii. Date and time of administration; (3-17-22)~~

~~iv. Site of injections; (3-17-22)~~

~~v. Name or initial (that has elsewhere been identified) of person administering the medication; (3-17-22)~~

~~vi. Medications omitted; (3-17-22)~~

- vii. Medication errors (that are reported to the charge nurse and attending physician.) (3-17-22)

051. Tuberculosis Control. To assure the control of tuberculosis in the facility, there is a planned, organized program of prevention through written and implemented procedures that are consistent with current accepted practices and ~~includes:~~ included as part of the facility's Infection Control Program. Facilities will remain current with screening and testing of TB for healthcare personnel based on the recommendations and guidelines from the Centers for Disease Control and Prevention and the National Tuberculosis Controllers Association. (4-6-23)()

a. The results of a T.B. skin test is established for each resident upon admission. If the status is not known upon admission, a T.B. skin test is done as soon as possible, but no longer than thirty (30) days after admission. (3-17-22)

b. If the T.B. skin test is negative, the test does not have to be repeated. (3-17-22)

e. If the T.B. skin test is positive, if determined upon admission or following the test conducted after admission, the resident receives a chest x ray. A chest x ray conducted thirty (30) days prior to admission is acceptable. (3-17-22)

d. When a chest x ray is indicated and the resident's condition presents a transportation problem to the x ray machine, a Sputum culture for m.tuberculosis is acceptable instead of a chest x ray until the resident's next visit for any purpose to a place where x ray is available. (3-17-22)

e. Annual T.B. skin testing and/or chest x rays are not required. (3-17-22)

02. If Case of Tuberculosis is Found in the Facility. ~~If a case of T.B. is found in the facility, all residents and employees are retested.~~ The facility must notify their local public health district following State reporting requirements in IDAPA 16.02.10, "Idaho Reportable Diseases" and follow their recommendations and guidance. (3-17-22)()

201. PHARMACY SERVICES.

~~The following requirements must be met:~~ Medications must be provided to residents by licensed nursing staff or certified medication assistants (MA-C) per established written procedures which follow state and federal regulations, and professional standards of practice for medication administration and documentation. All facilities must also meet the standards, guidelines, and requirements contained in the sources incorporated by reference in Section 002 of these rules. (3-17-22)()

01. Pharmacy Service. ~~That each SNF has a written agreement with a pharmacist licensed by the state of Idaho to direct, supervise, and be responsible for pharmacy service in the facility and for coordinating services when more than one (1) supplier of medications is utilized by the facility.~~ (3-17-22)

02. Care of General Medications. ~~That the care and handling of medications is conducted in the following manner:~~ (3-17-22)

a. ~~Medications are administered to residents of the SNF only on the order of a person authorized by law in Idaho to prescribe medications. This order is recorded on the resident's medical record, dated and signed by the ordering physician, dentist or nurse practitioner.~~ (3-17-22)

b. ~~All telephone and verbal orders are taken by licensed nurses, pharmacists and physicians only, and recorded on the resident's clinical record, dated and signed by the person taking the order. Telephone and verbal orders are countersigned by the ordering physician, dentist or nurse practitioner within seven (7) days.~~ (3-17-22)

e. ~~No person other than licensed nursing personnel and physicians administer medications. This does not include execution of duties of inhalation therapists as ordered by the attending physician.~~ (3-17-22)

d. ~~Nursing service personnel do not package or repack, bottle or label any medication, in whole or~~

- ~~in part. (3-17-22)~~
- ~~e. Prescription medication is administered only to the resident whose name appears on the prescription legend. (3-17-22)~~
 - ~~f. All medications are labeled with the original prescription legend including the name and address of the pharmacy, resident's name, physician's name, prescription number, original date and refill date, dosage unit, number of dosage units, and instructions for use and drug name. (Exception: See Unit Dose System.) (3-17-22)~~
 - ~~g. No alteration or replacement of original prescription legend is allowed. (3-17-22)~~
 - ~~h. Prescription renewal or refill is made only under physician's, dentist's, or nurse practitioner's authorization. (3-17-22)~~
 - ~~i. Drugs dispensed meet the standards established by the United States Pharmacopeia, the National Formulary, New Drugs, the Idaho Board of Pharmacy, and the U.S. Food and Drug Administration. (3-17-22)~~
 - ~~j. All medications in the facility are maintained in a locked cabinet with the key for the lock carried only by licensed nursing personnel and/or the pharmacist. (3-17-22)~~
 - ~~k. Poisons and toxic chemicals are stored in separate locked areas apart from medications. (3-17-22)~~
- ~~**03. Record of Medications. (3-17-22)**~~
- ~~a. An accurate and complete record of all medication given, both prescription and nonprescription, is recorded in the resident's chart. The record includes the time given, the medication given, date, dosage, method of administration, and the name and professional designation (R.N., L.P.N.) of the person preparing and administering the medication. The first and last name initials may be used if identified fully elsewhere in the medical record. (3-17-22)~~
 - ~~b. Entries are made on the resident's medication record whenever medications are started or discontinued. (3-17-22)~~
 - ~~e. Reasons for administration of a PRN medication and the resident's response to the medication are documented in the nurse's notes. (3-17-22)~~
- ~~**04. Unit Dose Pharmacy.** That a unit dose pharmacy system may be provided in a SNF as the drug distribution system under the following rules and regulations. (3-17-22)~~
- ~~a. All residents of the facility are served by the unit dose system. (3-17-22)~~
 - ~~b. All medications distributed to the residents are under the unit dose system, if they are prepared and available in unit dose. (3-17-22)~~
 - ~~e. The unit dose system is on a signed, written agreement basis between the facility and the pharmacist. If the facility employs a pharmacist to operate its own in-house pharmacy, a signed, written agreement is not necessary. (3-17-22)~~
 - ~~d. All medications are packaged by individual unit dose, and labeled with drug (proprietary and/or generic) name, unit of dose, and lot identification number or date packaged, and such other rules that may be promulgated by the Board of Pharmacy. The pharmacist maintains a log identifying the drug lot number by date packaged. (3-17-22)~~
 - ~~e. The pharmacist (or the facility) provides suitable drug distribution cabinets that can be locked, or in lieu of a locked cabinet, medications are stored in a room that can be locked. Safe, orderly transport of the drug distribution cabinets are assured by the pharmacist. (3-17-22)~~

~~f. A direct copy of all medication orders from the resident's chart are supplied to the pharmacist in a timely manner so that they can maintain each individual resident's medication profile in the pharmacy from which they fill each resident's twenty four (24) hour medication orders. (3-17-22)~~

~~g. The pharmacist is responsible to see that each individual resident's medication drawer is filled from the drug distribution cabinet each twenty four (24) hours from the resident's medication profile; records individual doses not administered from returned sets of drawers; indicates the reason the medication was not administered; and records medications supplied for the next twenty four (24) hour period. (3-17-22)~~

~~h. Designated nursing staff check each resident's medication drawer contents against their medication profile prior to distribution to the resident. (3-17-22)~~

~~i. The unit dose system is an alternate to packaging and labeling requirements and does not preclude the facility from meeting all other requirements of Section 201. (3-17-22)~~

~~05. Customized Medication Packaging. That the packaging of medications commonly referred to as "blister paks," "punch cards" and "bingo cards" may be utilized by the facility provided that measures of accountability, safety and sanitation are employed. Customized packaging is not to be interpreted to mean a unit dose system. All other requirements of Section 201 applies except for alternate packaging systems. (3-17-22)~~

202. PET THERAPY.

The following requirements must be met: ()

~~01. Policies and Procedures. That policies and procedures are developed by the facility concerning the admission of pets through a visitation program or on a permanent basis. (3-17-22)()~~

~~02. Type of Pet Allowed. That the types of pets allowed are as follows: (3-17-22)()~~

~~a. Only domesticated household pets (dogs, cats, birds, fish, hamsters, etc.) are permitted. Exotic pets and wild animals, even though trained, are not be permitted due to the high potential for spread of disease and injury to residents or staff. These include, but are not limited to, iguanas, snakes and other reptiles, monkeys, raccoons and skunks. Turtles are not permitted in the facility, with the exception under Subsection 202.02.b of this rule. (3-17-22)()~~

~~b. If animals that are prohibited as designated in Subsection 202.02.a. of these rules Exotic pets and wild animals, even though trained, are not be permitted due to the high potential for spread of disease and injury to residents or staff, unless they are brought in for visitation, they are always kept on a leash and under the control of the trainer at all times. (3-17-22)()~~

~~03. Examination of Pets. That Pets are to receive an examination by a veterinarian prior to admission to the facility. Appropriate vaccinations are to be given. Birds subject to transmission of psittacosis are included. This applies to both ownership and visitation. (3-17-22)()~~

~~04. Enclosures. That Small animals such as hamsters and birds are to be kept in enclosures. (3-17-22)()~~

~~05. Permitted Areas. That Pets are not to be allowed in food preparation or storage areas or. They are also not to be allowed in any other area if their presence would pose a significant risk to residents, staff, or visitors. (3-17-22)()~~

~~06. Interference. That The presence of pets do cannot interfere with the health and rights of other individuals, i.e., noise, odor, allergies, and interference with the free movement of individuals about the facility. (3-17-22)()~~

203. RESIDENT RECORDS.

~~The facility maintains medical records for all residents in accordance with accepted professional standards and practices. The following requirements must be met: (3-17-22)~~

~~01. **Responsible Staff.** That the administrator designates a staff member the responsibility for the accurate maintenance of medical records. If this person is not a Registered Health Information Administrator (RHIA) or a Registered Health Information Technician (RHIT), consultation from such a qualified individual is provided periodically to the designated staff person. (3-17-22)~~

~~02. **Individual Medical Record.** That an individual medical record is maintained for each admission with all entries kept current, dated, and signed. (3-17-22)~~

~~03. **Confidentiality.** That the facility safeguards medical record information against loss, destruction, and unauthorized use. (3-17-22)~~

203. (RESERVED)

204. DAY CARE SERVICES.

Day care services may be provided for up to twelve (12) hours per day as determined by facility policy. If provided, it cannot interfere with the regular services to facility residents. The following requirements must be met: ()

~~01. **Staffing.** That the facility provides additional staff depending upon the number of day care participants with the following: and assure that the day care participants receive the services necessary to meet their needs. (3-17-22)()~~

~~a. Assure that in-house facility residents are provided the nursing hours per resident per day as described in Subsection 200.02.e. (3-17-22)~~

~~b. Assure that the day care participants receive the services necessary to meet their needs. (3-17-22)~~

~~02. **Records.** That a day care participant record is to be maintained. (3-17-22)()~~

~~03. **Space and Supplies.** That facilities accepting day care participants are to provide such space and supplies as necessary to comfortably and efficiently meet the needs of both in-house residents and day care participants. (3-17-22)()~~

205. CHILD CARE CENTERS.

The following requirements must be met: ()

~~01. **Policies and Procedures.** That a facility that permits a child care center adjacent to or attached to the skilled nursing facility SNF is to establish well-defined written and implemented policies and procedures pertaining to the relationship between the child care center and the SNF. These include, but are not limited to infection control and prevention of disease transmission. (3-17-22)()~~

~~02. **Day Care Licensure.** That a day care home or day care center for children, as defined under Basic Day Care License Act, Sections 39-1101 through 39-1120, Idaho Code, either attached as a distinct part or as a separate facility on the premises of the SNF facility is to be licensed separately by the appropriate state or local licensing agency. (3-17-22)()~~

~~03. **Day Care Compliance.** That every child day care home or center complies is to comply with the Idaho Department of Health and Welfare Rules, IDAPA 16.02.10, "Idaho Reportable Diseases." (3-17-22)()~~

~~04. **Day Care Staff.** That each child day care home or center is to be staffed appropriately to meet the needs of the children cared for as a completely, with a separate staff from those the employees of the SNF facility. (3-17-22)()~~

206. -- 300. (RESERVED)

301. RESPITE CARE SERVICES.

If the SNF offers respite care to relieve families or other individuals, there must be policies and procedures written

and implemented regarding the program. The following requirements must be met: ()

01. Admissions. ~~That r~~Respite care residents are to be admitted to the facility in the same manner as any other admission that includes, ~~but is not limited to:~~ (3-17-22)()

- a. Authorization by a physician. ()
- b. Current medical and other information sufficient to allow the facility to safely care for the resident. ()
- c. Medication and treatment orders signed and dated by the resident's attending physician. ()

02. Limitations. ~~That n~~No resident is to be considered as respite care when the stay at the facility is not for purposes of relief for other care givers or families and ~~that the stay~~ exceeds a four (4) week period of time. Variances may be granted by the Department on a case-by-case basis. (3-17-22)()

03. Records. ~~That records a~~Are to be maintained for all respite care residents that include at least the following: (3-17-22)()

- a. Medical information sufficient to care for the resident submitted by the attending physician. ()
- b. Signed and dated physician's orders for care, including diet, medications, treatments, and any physical activity limitations. ()
- c. Nursing and other notes by staff caring for the resident. ()
- d. Medication administration record. ()
- e. Pertinent resident data information such as name, address, next of kin, who to call in an emergency, name of physician, etc. ()

04. Exceptions. ~~That d~~Due to the short length of stay, certain documents and actions provided to and required for other in-house nonrespite care residents are not required for respite care residents. ~~Allowances~~ Exceptions to be considered at the discretion of the facility are as follows: (3-17-22)()

- a. A complete history and physical examination by the physician is not required so long as he provides the facility with sufficient information to care for the resident. ()
- b. Physician visits are required only if the resident needs such a visit due to illness or injury or if the resident exceeds the definition of respite care and remains in the facility beyond a four (4) week period ~~of time~~. (3-17-22)()
- c. The resident care plan may be limited to include care and services to be provided during their stay and short- and long-term goals are not necessary. (3-17-22)()
- d. Activity assessments and plans are not necessary so long as any activity limitations are known and recorded on the resident's plan of care. ()

302. (RESERVED)

303. OTHER SERVICES.

~~If a SNF offers home health, hospice, or other services from the facility, the needs and requirements for the delivery of those services must in no way interfere with the ongoing operation of the SNF.~~ (3-17-22)

304. -- 999. (RESERVED)

INCORPORATION BY REFERENCE SYNOPSIS

In compliance with Section 67-5223(4), Idaho Code, the following is a synopsis of the differences between the materials previously incorporated by reference in this rule that are currently in full force and effect and newly revised or amended versions of these same materials that are being proposed for incorporation by reference under this rulemaking.

The following agency of the State of Idaho has prepared this synopsis as part of the proposed rulemaking for the chapter cited here under the docket number specified:

**DEPARTMENT OF HEALTH AND WELFARE
IDAPA 16.03.02 – SKILLED NURSING FACILITIES
Proposed Rulemaking -- Docket No. 16-0302-2301**

Incorporated Document Version/URL	IDAPA Section Number	Current Version of Incorporated Document	Substantive Changes in New Incorporation by Reference Version
Title 42, Chapter IV, Subchapter G, Part 483. Public Health, Centers for Medicare & Medicaid Services, Department of Health and Human Services, Standards and Certification, Requirements for States and Long Term Care Facilities. August 1, 1989	16.03.02.002.01	This document is not currently incorporated.	<p>These materials are to be incorporated effective upon adoption of the relevant concurrent resolution by the 2024 legislature, or upon the date specified in the concurrent resolution, or <i>Sine Die</i>, 2024, whichever comes first. No changes to show.</p>
Guidelines for Design and Construction of Residential Health, Care, and Support Facilities. Facility Guidelines Institute. 2022 Edition, Specific Requirements for Nursing Homes	16.03.02.002.02	This document is not currently incorporated.	
<p>If you have further questions, please contact Division of Licensing and Certification Programs Bureau Chief, Nate Elkins at: Nate.Elkins@dhw.idaho.gov</p>			