

# UTAH STATE BULLETIN

OFFICIAL NOTICES OF UTAH STATE GOVERNMENT  
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Kenneth A. Hansen, Director  
Nancy L. Lancaster, Editor

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# SPECIAL NOTICES

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## PROCLAMATION

**WHEREAS**, Section 10-2-302, Utah Code Annotated, 1953, as amended, provides as follows:

"10-2-302. Change of Class.

(1) Whenever any city of the second class shall have attained the population of 100,000 or more, or any city of the third class shall have attained a population of 60,000 or more, or any town shall have attained the population of 800 or more, as ascertained and determined by a national, state, or special census conducted by a municipality, it shall be the duty of the mayor to certify that fact to the lieutenant governor who shall certify that fact to the governor. Upon receipt of the certificate, the governor shall declare by public proclamation that the city or town is now a city of the first, second, or third class, as the case may be. The municipality thus changed will be governed by the provision of this act applicable to municipalities to the class to which such municipality has become."

**AND WHEREAS**, the Lieutenant Governor of the State of Utah has certified to me, as the Governor of Utah, that according to U.S. Bureau of the Census Sub-County Population Estimates of 1990-1998, the following town in the State of Utah has a population as indicated below:

TOWN OF CEDAR HILLS

UTAH COUNTY 2,486

**NOW, THEREFORE**, I, Michael O. Leavitt, Governor of the State of Utah, by virtue of the power vested in me by the laws and the Constitution of the State of Utah, do hereby declare by this public proclamation that the following named city is hereby constituted as a city of the third class, effective this date:

TOWN OF CEDAR HILLS

**IN WITNESS WHEREOF**, I have here unto set my hand and cause to be affixed the Great Seal of the State of Utah. Done at the State Capitol in Salt Lake City, Utah, this 22nd day of July, 1999.

(STATE SEAL)

**MICHAEL O. LEAVITT**  
Governor

**OLENE S. WALKER**  
Lieutenant Governor

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## EXECUTIVE ORDER

**Whereas**, the primary water supply to hundreds of highly productive farmers and ranchers has been severed by a canal breach; and

**Whereas**, the State of Utah has experienced significant damage to crops such as cabbage, barley, wheat, oats, hay, corn, onions, and other vegetables because of lack of water; and

**Whereas**, efforts to pump replacement water into the affected canal are producing about 50 percent of the typical water supply; and

**Whereas**, preliminary assessments indicate that nearly 13,000 acres of highly productive farm land have been affected by the water shortage with a projected economic loss in the millions of dollars;

**Now, Therefore**, I, Michael O. Leavitt, Governor of the State of Utah, by virtue of the power vested in me by the constitution and the laws of the State of Utah;

**Do Hereby Declare That:** It is found, determined and declared that a "State of Disaster" exists due to the aforesaid canal break in the State of Utah and that all such affected areas within the State are declared to be disasters requiring aid, assistance and relief available pursuant to the provisions of State statutes.

**In Testimony, Whereof**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Utah, this 22nd day of July, 1999.

(State Seal)

**Michael O. Leavitt**  
Governor

Attest:

**Olene S. Walker**  
Lieutenant Governor

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### EXECUTIVE ORDER

**Whereas**, the danger from wildland fires is extremely high throughout the State of Utah; and

**Whereas**, numerous wildland fires are burning and continue to burn in various areas statewide and present a serious threat to public safety, property, natural resources and the environment; and

**Whereas**, some of the areas are extremely remote and inaccessible and the situation has the potential to greatly worsen if left unattended; and

**Whereas**, immediate action is required to suppress the fires to protect public safety, property, natural resources and the environment; and

**Whereas**, these conditions do create a disaster emergency within the intent of the Disaster Response and Recovery Act of 1981; and

**Now, Therefore**, I, Michael O. Leavitt, Governor of the State of Utah, by virtue of the power vested in me by the constitution and the laws of the State of Utah;

**Do Hereby Order That:** It is found, determined and declared that a "State of Emergency" exists statewide due to the threat to public safety, property, natural resources and the environment for thirty days, effective as of July 14, 1999, requiring aid, assistance and relief available pursuant to the provisions of state statutes, and the State Emergency Operations Plan, which is hereby activated.

**In Testimony, Whereof**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Utah, this 10th day of September, 1999.

(State Seal)

**Michael O. Leavitt**  
**Governor**

Attest:

**Olene S. Walker**  
**Lieutenant Governor**

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### EXECUTIVE ORDER

**Whereas**, the primary role of government is to protect the health, safety, and welfare of citizens;

**Whereas**, driving under the influence of alcohol and other drugs is a major cause of violence on Utah's highways;

**Whereas**, driving under the influence of alcohol and other drugs is a cause of preventable deaths and injuries to Utah citizens;

**Whereas**, the cost of driving under the influence of alcohol and other drugs to Utah's taxpayers and to victims is in excess of \$413 million annually.

**Whereas**, more effective policies and programs to deal with DUI issues can be developed through ongoing study by a dedicated group; and

**Whereas**, Utah's citizens will benefit from a proactive approach to preventing deaths, injuries, and costs associated with driving under the influence of alcohol and other drugs.

**Now, Therefore**, I, Michael O. Leavitt, governor of the state of Utah, hereby order the following:

I. There is created the Governor's Council on Driving Under the Influence.

II. The council shall:

A. provide a forum for discussion, planning, and coordination of efforts with the Utah Substance Abuse and Anti-Violence Coordinating Council to reduce the incidence of driving under the influence of alcohol or other drugs on the highways in the state;

B. identify priority issues and problems relating to driving under the influence;

C. increase public awareness of and education relating to driving under the influence issues;

D. evaluate the effectiveness of current laws, existing programs, and countermeasures;

E. develop and recommend proposals to address priority issues and adequate funding of needs; and

F. report recommendations annually to the governor and the Utah Substance Abuse and Anti-Violence Coordinating Council.

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III. The council shall consist of 19 members, including:

A. the following members representing Utah agencies and organizations:

1. a member of the Senate designated by the president of the Senate;
2. a member of the House of Representatives designated by the speaker of the House;
3. a representative designated by the Utah Chiefs of Police Association;
4. a representative designated by the Utah Sheriffs Association;
5. three representatives designated by the Commissioner of Public Safety, one each from the Highway Patrol, the Driver License Division, and the Highway Safety Office;
6. a representative designated by the Statewide Association of Public Attorneys;
7. the attorney general or designee;
8. a defense attorney designated by the Utah State Bar;
9. the director of the Division of Substance Abuse or designee;
10. the executive director of the Utah Sentencing Commission;
11. a court administrative officer designated by the Judicial Council; and
12. a representative of the Utah Behavioral Healthcare Network designated by its president.

B. the following members appointed by the governor:

1. two representatives of crime victims;
2. a representative of businesses that sell or distribute alcoholic beverages;
3. a representative of health care providers; and
4. the lieutenant governor.

IV. Council procedures, staffing, and duration shall be as follows:

A. The governor shall appoint two members as co-chairs of the council.

B. A majority of the members of the council constitutes a quorum for conducting the business of the council. If a quorum is present, a majority vote of those in attendance is required for the transaction of any business by the council. Each member present at any meeting of the council is entitled to one vote.

C. The council shall meet as determined by the council co-chairs.

D. Subcommittees may be created within the council to serve for a specified purpose and period of time.

E. The Commission on Criminal and Juvenile Justice shall provide staff to the council.

F. The council shall remain in existence through the 2001 Legislative Session, at which time a review shall be conducted to determine possible continuation.

V. The conditions of service for council members shall be as follows:



A. Members who are not government employees shall receive no compensation or benefits for their service, but may receive per diem and expenses incurred in the performance of the member's official duties at the rates established by the Division of Finance under Sections 63A-3-106 and 63A-3-107 of the Utah Code. Members may decline to receive per diem and expenses for their service.

B. State government officer and employee members who do not receive salary, per diem, or expenses from their agency for their service may receive per diem and expenses incurred in the performance of their official duties at the rates established by the Division of Finance under Sections 63A-3-106 and 63A-3-107 of the Utah Code. State government officer and employee members may decline to receive per diem and expenses for their service.

C. Legislators on the council shall receive compensation and expenses as provided by Section 36-2-2 of the Utah Code and Legislative Joint Rule 15.03.

D. Local government members who do not receive salary, per diem, or expenses from the entity they represent for their service may receive per diem and expenses incurred in the performance of their official duties at the rates established by the Division of Finance under Sections 63A-3-106 and 63A-3-107 of the Utah Code. Local government members may decline to receive per diem and expenses for their service.

**In Testimony, Whereof**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Utah, this 17th day of September, 1999.

(State Seal)

**Michael O. Leavitt**  
Governor

Attest:

**Olene S. Walker**  
Lieutenant Governor

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### EXECUTIVE ORDER

**Whereas**, the Legislature passed Senate Joint Resolution 1, "Child Care Commission Resolution," in the 1999 General Session;

**Whereas**, in that resolution the Legislature urges the governor to establish a business commission on child care to identify and assess child care needs within the state and develop recommendations to meet those needs, including appropriate financial strategies;

**Whereas**, the resolution encourages the governor to appoint business leaders to the commission representing a wide range of private enterprise interests within the state; and

**Whereas**, children and families are fundamental to our collective well-being and our future and deserve society's best, most thoughtful, and most nurturing efforts;

**Now, Therefore**, I, Michael O. Leavitt, Governor of the state of Utah, hereby order the following:

- (1) There is created the Business Commission on Child Care within the Department of Workforce Services.

SPECIAL NOTICES

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(2) The commission shall:

(a) study and evaluate early child care and education in the state from a business perspective, identifying issues and recommending strategies to address them, including such issues as:

(i) child care access and availability;

(ii) recruitment and retention of employees;

(iii) employee productivity and absenteeism;

(iv) community, public, and private sector involvement, collaboration, and partnerships regarding early child care and education; and

(v) other issues relating to the objectives of supporting families and balancing employment and parenting responsibilities;

(b) develop a long-term plan to assist in financing early care and education, identifying funding streams;

(c) coordinate with other agencies involved with child care issues; and

(d) seek, as it considers appropriate, the expertise and input of business and community leaders, child care and education professionals, charitable organizations, and government agencies at all levels.

(3) The task force shall consist of eleven members appointed by the governor as follows:

(a) the executive director of the Department of Community and Economic Development, who shall serve as chair; and

(b) ten additional members nominated by the executive director of the Department of Workforce Services who represent a wide range of business and community interests that could have a positive and material impact on the work of the commission.

(4) Commission procedures and staffing shall be as follows:

(a) A majority of commission members constitutes a quorum for voting purposes.

(b) All action shall be by a simple majority vote of meeting attendees if a quorum is present.

(c) The commission shall meet as often as necessary to achieve its objectives.

(d) The Department of Workforce Services shall provide staff to the commission.

(5) Members shall serve without per diem or expenses.

(6) The task force may make interim recommendations as it considers appropriate. The commission shall make a final report of its findings and recommendations to the executive director of the Department of Workforce Services by September 30, 2001. The commission shall be dissolved on January 1, 2002.

**IN WITNESS WHEREOF**, I have here unto set my hand and cause to be affixed the Great Seal of the State of Utah. Done at the State Capitol in Salt Lake City, Utah, this 17th day of September, 1999.

(STATE SEAL)

**MICHAEL O. LEAVITT**  
Governor

Attest:  
**OLENE WALKER**  
Lieutenant Governor

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\* **Currents.** Utah State Historical Society.

H 5050.81:New/49/4  
oclc # 40843274  
Utah--History

**Entertainment: [flyer]** Utah State Fair.

H 6102.S82.91: Ent/999  
Utah State Fair.

**Epidemiology newsletter.** Utah. Bureau of Epidemiology ; Utah Dept. of Health, Division of Community Health Services.

P 4120.8: New/999/06

<http://hlunix.hl.state.ut.us/els/epidemiology/>

Communicable diseases--Utah/Diseases--Reporting--Utah.

**Financial and statistical summary of the child nutrition programs.** Utah State Office of Education.

E 3070.13: Fin/995-998

School children--Food--Utah--Statistics--Periodicals/Children--Nutrition--Government policy--Utah--Periodicals/School lunchrooms, cafeterias, etc.--Utah--Statistics. Periodicals.

**Grandstand entertainment: [flyer]** Utah State Fair.

H 6102.S82.91: Ent/Gra  
Utah State Fair.

**Major city sales tax distribution forecasts: fiscal year ...** Utah State Tax Commission. Economic & Statistical Unit.

T 5340.S24.13: Maj/999-000

oclc # 42020974

<http://www.tax.ex.state.ut.us/esu/esuhtml.htm>

Economic forecasting--Utah/Economic indicators--Utah/Utah--Economic conditions--Statistics.

\* **Oil and gas production report.** Utah. Division of Oil, Gas and Mining.

N 3600.13: Pro/999/02

oclc # 17830817

<http://www.nr.state.ut.us/OGM/statindx.htm>

Petroleum industry and trade--Utah--Statistics--Periodicals/Gas industry--Utah--Statistics--Periodicals/Energy industries--Utah--Statistics--Periodicals.

**Open line: the newsletter for and about Utah's water supply operators.** Utah. Division of Environmental Health. Bureau of Drinking Water/Sanitation.

N 4000.Q3.81: Ope/999/1

Utah Operator Certification Program/Drinking water--Utah/Water quality management--Utah/Water quality management--Study and teaching--Utah.

**A Performance audit of the Central Utah Water Conservancy District/Tim Osterstock.**

Utah. Legislature. Office of the Legislative Auditor General.

A 3600.R46.15: Rep/99-04

oclc # 42024358

<http://www.le.state.ut.us/audit/lag.htm>

Central Utah Water Conservancy District--Auditing/Water districts--Utah--Auditing/Legislative auditing--Utah/Utah--Public works--Evaluation.

**Quarterly economic newsletter. Mountainland Region. Utah County.** Utah. Dept. of Workforce Services.

I 3112 .U7.8: Eco/998/4

oclc # 41149814

<http://www.dws.state.ut.us/WI/Regions/mountainland.htm>

Utah County (Utah)--Occupations--Statistics.

**Questions and answers about the Utah statewide testing program.** Utah State Office of Education.

E 3126.13: Que/Tes/999-000

oclc # 28537972

Educational tests and measurements--Utah/Educational tests and measurements--Law and legislation --Utah/Examinations--Utah--Scoring/Educational accountability--Utah/Educational accountability--Law and legislation--Utah/Educational indicators--Utah.

**A review of the Bureau of Services Review.** Utah. Legislature. Office of the Legislative Auditor General.

A 3600.R46.15: Rep/99-05

oclc # 42021022

<http://www.le.state.ut.us/audit/lag.htm>

Utah. Bureau of Services Review/Child welfare--Utah/Legislative auditing--Utah.

**Salary schedule information on Utah school districts.** Utah State Office of Education.

E 3015.1: Sal/998-999

Teachers--Salaries, etc.--Utah--Statistics--Periodicals/School administrators--Salaries, etc.--Utah--Statistics --Periodicals/School employees--Salaries, etc.--Utah--Statistics --Periodicals.

**Secondary core curriculum standards: levels 6-12: responsible healthy lifestyles, health education.** Utah State Office of Education.

E 5610.31: Sec/6-12/999

oclc # 42149974

Health education (Secondary)--Utah--Curricula.

**Secondary core curriculum standards: levels 7-12: language arts.** Utah State Office of Education. Rev. Edition.

E 5420.31: Sec/7-12/999

oclc # 42152124

Language arts (Secondary)--Utah--Curricula.

**State supported minimum program for Utah public schools ...** Utah. State Office of Education. School Finance and Business.

E 3080.13: Sta/Pre/998-999

Education--Utah--Finance--Periodicals.

**Suicide in Utah.** Utah. Dept. of Health. Bureau of Surveillance and Analysis ; Utah. Office of Public Health Data.

P 3228.1: Sui/999

oclc # 42020873

<http://hlunix.hl.state.ut.us/action2000/reports.html>

Suicide--Utah--Statistics/Suicide--Utah--Prevention.

**Utah family educational rights and privacy act.** Utah State Office of Education.

A 3015.P74.68: Fam/999

oclc # 42141688

Education--Utah--Miscellanea/Privacy--Utah--Miscellanea.

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**Utah labor market report.** Utah. Dept. of Employment Security.  
I 3112.13: Lab/999/04  
<http://www.dws.state.ut.us/WI/pubs/publicat.htm>  
Labor market--Utah--Statistics/Labor supply--Utah--Statistics.

**Utah labor market report.** Utah. Dept. of Employment Security.  
I 3112.13: Lab/999/06  
<http://www.dws.state.ut.us/WI/pubs/publicat.htm>  
Labor market--Utah--Statistics/Labor supply--Utah--Statistics.

\* **Utah state bulletin.** Number 99-16. August 15, 1999. Utah. Division of Administrative Rules.  
A 3025.61: Bul/99-16  
oclc # 11854150  
<http://www.rules.state.ut.us/publicat/bulletin.htm>  
Delegated legislation--Utah--Periodicals/Administrative procedure--Utah--Periodicals.

\* **Utah state digest.** Number 99-16. August 15, 1999. Utah. Division of Administrative Rules.  
A 3026.61: Dig/99-16  
oclc # 12426255  
<http://www.rules.state.ut.us/publicat/digest.htm>  
Delegated legislation--Utah--Periodicals.

**Utah State Fair contests & special events.** Utah State Fair.  
H 6102.S82.3: Con/999  
oclc # 42138289  
Exhibitions--Utah.

**Utah State Fair livestock exhibitor handbook.** Utah State Fair.  
H 6102.3: Han/999/Liv  
oclc # 42131371  
Agricultural exhibitions--Utah.

**Utah State Fair living arts exhibitor handbook.** Utah State Fair.  
H 6102.S82.3: Han/999/Art  
oclc # 42136798  
Exhibitions--Utah.

**Utah's major student assessment programs/Barbara J. Lawrence.** Utah State Office of Education.  
E 3126.7: Maj/999  
oclc # 42086388  
Educational evaluation--Utah/Educational tests and measurements--Utah.

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**Aspinall studies: evaluation of nursery habitat availability and Colorado Pikeminnow young of year habitat use, in the Colorado River, Utah 1992-1996: final report/Melissa Trammell, Thomas E. Chart. Utah. Division of Wildlife Resources.**

N 4620.M5.7: Asp/Nur/999

oclc# 42265308

Endangered species--Utah/Ptychocheilus lucius--Research--Utah/Wildlife conservation--Utah/Colorado River (Colo.-Mexico)--Research.

**\* The available coal resources for nine 7.5-minute quadrangles in the northern Wasatch Plateau coalfield, Carbon and Emery counties, Utah/David E. Tabet, Jeffrey C. Quick, Brigitte P. Hucka, John A. Hanson. Utah Geological Survey**

N 3300.71: Cir/100

oclc # 42264955

Coal reserves--Utah--Carbon County/Coal reserves--Utah--Emery County. Coal--Geology--Utah--Carbon County/Coal--Geology--Utah--Emery County.

**\* Become a teacher and take a bite out of tuition. Utah State Board of Regents.**

E 7020.S88.9: Bec/999

Utah. Terrel H. Bell Teaching Incentive Loan award program/Student loan funds--Utah/Teachers--Training of--Utah.

**BPCRHS bulletin. Utah. Bureau of Primary Care & Rural Health Systems.**

P 4220.P74.8: Bul/999/08

oclc # 41609196

[http://www.health.state.ut.us/primary\\_care/bpcrhs.html](http://www.health.state.ut.us/primary_care/bpcrhs.html)

Utah. Bureau of Primary Care & Rural Health Systems/Rural health services--Utah. Primary care (Medicine)--Utah.

**Capitol connections: news for and about people in state government. Utah. Dept. of Administrative Services ; Utah. Office of the Governor.**

A 4500.81:Cap/7/4

oclc # 41963693

<http://www.das.state.ut.us/capconn/>

Civil service--Utah/State governments--Officials and employees.

**Community based nature tourism. Utah. Division of Wildlife Resources ; Utah. Division of Travel Development ; Utah Travel Council.**

I 5005.N37.7: Com/999

oclc # 42269347

Ecotourism--Utah/Tourism--Utah.

**Fish community investigations in the lower Price River, 1996-1997/Peter A. Cavalli. Utah. Division of Wildlife Resources.**

N 4650.P74.7: Fis/996-997

oclc # 42272589

Fish communities--Price River (Utah)/Stream ecology--Price River (Utah)/Habitat (Ecology)--Price River (Utah)/Fish surveys--Price River (Utah).

**\* The geology of Quail Creek State Park/Robert F. Biek. Utah Geological Survey.**

N 3300.71: Pub/63

oclc # 42268930

Geology--Utah--Washington county/Quail Creek State Park (Utah)/Geology--Quail Creek (Utah).

**Instream flow investigations for Sixth Water Creek/David E. Wiley. Utah. Division of Wildlife Resources ; Central Utah Water Conservancy District (Utah).**

N 4650.S59.7: Ins/998

oclc # 42271563

Stream measurements--Sixth Water Creek (Utah)/Streamflow--Sixth Water Creek (Utah)/Stream measurements--Utah--Utah County/Streamflow--Utah--Utah County/Fishes--Habitat--Sixth Water Creek (Utah)/Fishes--Habitat--Utah--Utah County.

**Nature tourism for Utah business.** Utah. Division of Wildlife Resources; Utah. Division of Travel Development ; Utah Travel Council.

I 5005.N37.7: Nat/999  
oclc # 42269309  
Ecotourism--Utah/Tourism--Utah.

**Networth news.** Utah. Department of Financial Institutions.

I 3200.81: Net/999/2  
<http://www.dfi.state.ut.us/Public.htm>  
Finance--Utah/Banks and banking--Utah/Financial institutions--Utah/Credit--Utah/Debt--Utah.

\* **Oil and gas production report.** Utah. Division of Oil, Gas and Mining.

N 3600.13: Pro/999/03  
oclc # 17830817  
<http://www.nr.state.ut.us/OGM/statindx.htm>  
Petroleum industry and trade--Utah--Statistics--Periodicals/Gas industry--Utah--Statistics--Periodicals/Energy industries--Utah--Statistics--Periodicals.

**Proclamation of the Wildlife Board for taking upland game.** Utah. Division of Wildlife Resources.

N 4830.P7.61: Upl/999-000  
<http://www.nr.state.ut.us/dwr/lugame.htm>  
Upland game bird shooting/Upland game bird management--Utah.

**Quarterly economic newsletter. Western Region. Beaver County.** Utah. Dept. of Workforce Services.

I 3112 .B4.8: Eco/998/4  
oclc # 41149197  
<http://www.dws.state.ut.us/WI/Regions/western.htm>  
Beaver County (Utah)--Occupations--Statistics.

**Quarterly economic newsletter. Western Region. Garfield County.** Utah. Dept. of Workforce Services.

I 3112 .G3.8: Eco/998/4  
oclc # 41149416  
<http://www.dws.state.ut.us/WI/Regions/western.htm>  
Garfield County (Utah)--Occupations--Statistics.

**Quarterly economic newsletter. Western Region. Kane County.** Utah. Dept. of Workforce Services.

I 3112 .K3.8: Eco/998/4  
oclc # 41149527  
<http://www.dws.state.ut.us/WI/Regions/western.htm>  
Kane County (Utah)--Occupations--Statistics.

**Quarterly economic newsletter. Western Region. Wayne County.** Utah. Dept. of Workforce Services.

I 3112 .W4.8: Eco/998/4  
oclc # 41149833  
<http://www.dws.state.ut.us/WI/Regions/western.htm>  
Wayne County (Utah)--Occupations--Statistics.

\* **Rockhound guide to selected rock & mineral localities in Utah.** Utah Geological Survey.

N 3300.71: Pub/62  
oclc # 42264468  
Petrology--Utah/Minerology Collectors and collecting--Utah/Rocks--Collectors and collecting--Utah.

**State of Utah stocking plan for endangered fish species of the Upper Colorado River Basin/Michael J. Hudson.** Utah. Division of Wildlife Resources.

N 4650.C646.7: Sto/999  
oclc # 42272281  
Fishery management--Colorado River Watershed (Colo.-Mexico)/Fishery management--Utah/Rare fishes--Colorado River Watershed (Colo.-Mexico)/Rare fishes--Utah/Endangered species--Colorado River Watershed (Colo.-Mexico)/Endangered species--Utah/Fishery conservation--Colorado River Watershed (Colo.-Mexico)/Fishery conservation--Utah.

**Utah agricultural statistics and Utah Department of Agriculture annual report.** Utah. State Dept. of Agriculture ; United States. National Agricultural Statistics Service ; Utah Agricultural Statistics Service.

I 4100.1: Rep/999

oclc # 18252872

<http://www.ag.state.ut.us/>

Utah. State Dept. of Agriculture--Periodicals/Agriculture--Utah--Statistics--Periodicals.

**Utah data guide: a newsletter for data users.** Utah State Data Center ; Office of the Utah State Planning Coordinator ; Utah. Office of Planning and Budget.

H 5010.19: Dat/999/3

[http://www.governor.state.ut.us/dea/publications/Data\\_Guide/data\\_guide.html](http://www.governor.state.ut.us/dea/publications/Data_Guide/data_guide.html)

Utah--Population--Statistics/Utah--Census.

**Utah economic and business review.** University of Utah. Bureau of Economic and Business Research.

I 3090.8: UEB/59/3-4

oclc # 1420060

Utah--Economic conditions--Periodicals.

**Utah labor market report.** Utah. Dept. of Employment Security.

I 3112.13: Lab/999/07

<http://www.dws.state.ut.us/WI/pubs/publicat.htm>

Labor market--Utah--Statistics/Labor supply--Utah--Statistics.

\* **Utah state bulletin.** Number 99-17. September 1, 1999. Utah. Division of Administrative Rules.

A 3025.61: Bul/99-17

oclc # 11854150

<http://www.rules.state.ut.us/publicat/bulletin.htm>

Delegated legislation--Utah--Periodicals/Administrative procedure--Utah--Periodicals.

\* **Utah state digest.** Number 99-17. September 1, 1999, Utah. Division of Administrative Rules.

A 3026.61: Dig/99-17

oclc # ocm12426255

<http://www.rules.state.ut.us/publicat/digest.htm>

Delegated legislation--Utah--Periodicals.

**Utah upland game; annual report.** Utah. Division of Wildlife Resources.

N 4830.13: Ann/997

Game and game-birds--Utah--Statistics/Upland game bird management--Utah--Statistics/Wildlife management--Utah--Statistics.

**Washington County sensitive species: native fish, amphibian, and reptile distribution assessment and inventory and monitoring plan/**Ann M. McLuckie, Jerney L. Nickolai, Leo D. Lentsch. Utah. Division of Wildlife Resources.

N 4550.W3.7: Was/999

oclc # 42271168

Endangered species--Utah--Washington County/Fishes--Utah--Washington County/Amphibians--Utah--Washington County/Reptiles--Utah--Washington County.

**Wildlife review.** Utah. Division of Wildlife Resources.

N 4500.8: Wil/999/4

<http://www.nr.state.ut.us/dwr/homeypg.htm>

Wildlife--Utah--Periodicals/Wildlife conservation--Utah/Wildlife management--Utah.



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COMMUNITY DEVELOPMENT, LIBRARY**

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Salt Lake City, UT 84116-7901  
(801) 715-6777

**UTAH STATE PUBLICATIONS****List 99-19****September 16, 1999**

Depository libraries: Asterisk (\*) indicates limited copies- make claims to issuing agency.

**This list is available on the World Wide Web at: <http://www.state.lib.ut.us/publicat/publicat.htm>**

**Annual report.** Utah. State Fire Marshal.

P 3337.1: Rep/998

Utah. State Fire Marshal/Fires--Utah--Statistics/Fire prevention--Utah--Statistics.

**Aquatic management plan: Escalante River Drainage hydrologic unit 14070005 in the state of Utah/Michael J. Ottenbacher, Dale K. Hepworth.** Utah. Division of Wildlife Resources.

N 4650.E76.7: Aqu/999

oclc # 42289577

Fishery management--Escalante River (Utah)--Planning/Aquatic habitats--Escalante River (Utah)--Planning/Wildlife management--Escalante River (Utah)--Planning.

**Aquatic management plan: Fremont River Drainage hydrologic unit 14070003 in the state of Utah/Michael J. Ottenbacher, Dale K. Hepworth.** Utah. Division of Wildlife Resources.

N 4650.F6991.7: Aqu/999

oclc # 42289508

Fishery management--Fremont River (Utah)--Planning/Aquatic habitats--Fremont River (Utah)--Planning/Wildlife management--Fremont River (Utah)--Planning.

**Directions for Utah libraries.** Utah State Library.

H 6200.8: Dir/12/2

<http://www.state.lib.ut.us/directns/directns.htm>

Libraries--Utah--Periodicals.

**Financial highlights: preliminary information subject to audit for the years ended June 30,1999.** Utah. Division of Finance.

A 5230.13: Hig/999

Finance, Public--Utah. Financial statements--Utah. Funds-flow statements--Utah.

**Flaming Gorge studies: assessment of Colorado pikeminnow nursery habitat in the Green River/Melissa A. Trammell, Kevin Dee Christopherson, Cynthia L. Rakowski, John C. Schmidt, Keith S. Day, Chad W. Crosby, Thomas E. Chart.** Utah. Division of Wildlife Resources.

N 4650.F6.13: Fla/Col/999

oclc # ocm42370339

Ptychocheilus lucius--Research--Flaming Gorge Reservoir (Wyo. and Utah)/Ptychocheilus lucius--Research--Green River (Wyo. and Utah)/Fishery management--Flaming Gorge Reservoir (Wyo. and Utah)/Fishery management--Green River (Wyo. and Utah)/Wildlife conservation--Wyo/Wildlife conservation--Utah.

**Gross taxable retail sales and purchases in the State of Utah.** Utah State Tax Commission. Economic & Statistical Unit.

A 5340.S24.13: Gro/999/1

Retail trade--Utah--Statistics.

**Investigation of potential Razorback Sucker (*Xyrauchen texanus*) and Colorado Pikeminnow (*Ptychocheilus lucius*) spawning in lower Green River, 1994 and 1995/Thomas E. Chart,**

David P. Svendsen, Leo D. Lentsch. Utah. Division of Wildlife Resources.

N 4650.G7.7: Inv/999

oclc # 42291279

Razorback sucker--Spawning--Green River (Utah)/Ptychocheilus lucius--Spawning--Green River (Utah)/Fisheries--Green River (Utah)/Fishes--Green River (Utah)--Reproduction. Spawning.

\* **Oil and gas production report.** Utah. Division of Oil, Gas and Mining.

N 3600.13: Pro/999/04

oclc # 17830817

<http://www.nr.state.ut.us/OGM/statindx.htm>

Petroleum industry and trade--Utah--Statistics--Periodicals/Gas industry--Utah--Statistics--Periodicals/Energy industries--Utah--Statistics--Periodicals.

\* **Preserving our past through heritage tourism: developing a heritage industry.** Utah. Division of State History.

I 5005.C84.7: Pre/998

oclc # ocm42379551

Tourism--Economic aspects--Utah/Heritage tourism--Utah/Historic preservation--Economic aspects--Utah/Historic sites--Economic aspects--Utah/Ethnic festivals--Economic aspects--Utah.

**Quarterly economic newsletter. Eastern Region. Carbon and Emery.** Utah. Dept. of Workforce Services.

I 3112.C3.8: Eco/998/3

oclc # 41149757

<http://www.dws.state.ut.us/WI/Regions/eastern.htm>

Carbon County (Utah)--Occupations--Statistics/Emery County (Utah)--Occupations--Statistics.

**Quarterly economic newsletter. Eastern Region. Daggett Duchesne Uintah.** Utah. Dept. of Workforce Services.

I 3112.D3.8: Eco/998/3

oclc # 41149798

<http://www.dws.state.ut.us/WI/Regions/eastern.htm>

Daggett County (Utah)--Occupations--Statistics/Duchesne County (Utah)/Occupations--Statistics/Uintah County (Utah)--Occupations--Statistics.

**Quarterly economic newsletter. Eastern Region. Grand and San Juan.** Utah. Dept. of Workforce Services.

I 3112 .G7.8: Eco/998/3

oclc # 41149447

<http://www.dws.state.ut.us/WI/Regions/eastern.htm>

Summit County (Utah)--Occupations--Statistics/Wasatch County (Utah)/Occupations--Statistics.

**Quarterly economic newsletter. Western Region. Piute County.** Utah. Dept. of Workforce Services.

I 3112 .P5.8: Eco/998/4

oclc # 41149557

<http://www.dws.state.ut.us/WI/Regions/western.htm>

Piute County (Utah)--Occupations--Statistics.

**Quarterly economic newsletter. Mountainland Region. Summit and Wasatch.** Utah. Dept. of Workforce Services.

I 3112 .S8.8: Eco/998/4

oclc # 41149714

<http://www.dws.state.ut.us/WI/Regions/mountainland.htm>

Summit County (Utah)--Occupations--Statistics/Wasatch County (Utah)--Occupations--Statistics.

**Rare, imperiled, and recently extinct or extirpated mollusks of Utah: a literature review/George V. Oliver, William R. Bosworth, III.** Utah. Division of Wildlife Resources.

N 4610.E52.7: Rar/999

oclc # 42291706

Mollusks--Utah/Rare animals--Utah/Extinct animals--Utah/Endangered species--Utah.

**Tax bulletin.** Utah State Tax Commission.

A 5340.9: Tax/[99]13-99

oclc # 34688847

<http://www.tax.ex.state.ut.us/pr/Whtnwpg.htm>

Utah State Tax Commission/Taxation--Law and legislation--Utah/Administrative law--Utah.

**Tax bulletin.** Utah State Tax Commission.

A 5340.9: Tax/[99]14-99

oclc # 34688847

<http://www.tax.ex.state.ut.us/pr/Whtnwpg.htm>

Utah State Tax Commission/Taxation--Law and legislation--Utah/Administrative law--Utah.

**Tax bulletin.** Utah State Tax Commission.

A 5340.9: Tax/[99]15-99

oclc # 34688847

<http://www.tax.ex.state.ut.us/pr/Whtnwpg.htm>

Utah State Tax Commission/Taxation--Law and legislation--Utah/Administrative law--Utah.

**Training schedule: personal computing, mainframe/technical, geographic information systems, AT&T telephone.** Utah. Administrative Services. Information Technology Services.

A 5170.T72.43: Tra/999-000/11-01

[www.its.state.ut.us/training](http://www.its.state.ut.us/training)

Government employees--Training of--Utah.

\* **Utah state bulletin.** Number 99-18. September 15, 1999. Utah. Division of Administrative Rules.

A 3025.61: Bul/99-18

oclc # 11854150

<http://www.rules.state.ut.us/publicat/bulletin.htm>

Delegated legislation--Utah--Periodicals/Administrative procedure--Utah--Periodicals.

\* **Utah state digest.** Number 99-18. September 15, 1999. Utah. Division of Administrative Rules.

A 3026.61: Dig/99-18

oclc # 12426255

<http://www.rules.state.ut.us/publicat/digest.htm>

Delegated legislation--Utah--Periodicals.

\* **Vertebrate paleontology in Utah**/David D. Gillette. Utah Geological Survey.

N 3300.71: Mis/99-1

oclc # 42360385

Fossils--Utah/Paleontology--Utah/Vertebrates, fossil--Utah.

**End of the Special Notices Section**

## NOTICES OF PROPOSED RULES

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A state agency may file a PROPOSED RULE when it determines the need for a new rule, a substantive change to an existing rule, or a repeal of an existing rule. Filings received between September 2, 1999, 12:00 a.m., and September 15, 1999, 11:59 p.m., are included in this, the October 1, 1999, issue of the *Utah State Bulletin*.

In this publication, each PROPOSED RULE is preceded by a RULE ANALYSIS. This analysis provides summary information about the PROPOSED RULE including the name of a contact person, anticipated cost impact of the rule, and legal cross-references.

Following the RULE ANALYSIS, the text of the PROPOSED RULE is usually printed. New rules or additions made to existing rules are underlined (e.g., example). Deletions made to existing rules are struck out with brackets surrounding them (e.g., ~~example~~). Rules being repealed are completely struck out. A row of dots in the text (••••) indicates that unaffected text was removed to conserve space. If a PROPOSED RULE is too long to print, the Division of Administrative Rules will include only the RULE ANALYSIS. A copy of rules that are too long to print is available from the filing agency or from the Division of Administrative Rules.

The law requires that an agency accept public comment on PROPOSED RULES published in this issue of the *Utah State Bulletin* until at least November 2, 1999. The agency may accept comment beyond this date and will list the last day the agency will accept comment in the RULE ANALYSIS. The agency may also hold public hearings. Additionally, citizens or organizations may request the agency to hold a hearing on a specific PROPOSED RULE. Section 63-46a-5 (1987) requires that a hearing request be received "in writing not more than 15 days after the publication date of the PROPOSED RULE."

From the end of the public comment period through January 29, 2000, the agency may notify the Division of Administrative Rules that it wants to make the PROPOSED RULE effective. The agency sets the effective date. The date may be no fewer than 31 days nor more than 120 days after the publication date of this issue of the *Utah State Bulletin*. Alternatively, the agency may file a CHANGE IN PROPOSED RULE in response to comments received. If the Division of Administrative Rules does not receive a NOTICE OF EFFECTIVE DATE or a CHANGE IN PROPOSED RULE, the PROPOSED RULE filing lapses and the agency must start the process over.

The public, interest groups, and governmental agencies are invited to review and comment on PROPOSED RULES. *Comment may be directed to the contact person identified on the RULE ANALYSIS for each rule.*

PROPOSED RULES are governed by *Utah Code* Section 63-46a-4 (1996); and *Utah Administrative Code* Rule R15-2, and Sections R15-4-3, R15-4-4, R15-4-5, R15-4-9, and R15-4-10.

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**The Proposed Rules Begin on the Following Page.**

Agriculture and Food, Regulatory Services

R70-530-1

Authority and Purpose

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE No.: 22375

FILED: 09/10/1999, 07:31

RECEIVED BY: NL

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: To adopt current edition of CFR.

SUMMARY OF THE RULE OR CHANGE: To adopt 1999 edition of 21 CFR 1 through 200; 40 CFR 185; and 9 CFR 200 to end.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 4-5-17

FEDERAL REQUIREMENT FOR THIS RULE: 21 CFR 1 through 20 (1999); 40 CFR 185 (1999); 9 CFR 200 to end (1999)

THIS RULE OR CHANGE INCORPORATES BY REFERENCE THE FOLLOWING MATERIAL: 21 CFR 1 through 20 (1999); 40 CFR 185 (1999); 9 CFR 200 to end (1999)

ANTICIPATED COST OR SAVINGS TO:

❖THE STATE BUDGET: No cost to state. This rule adopts and incorporates by reference the food standards, labeling requirements, and procedures in the CFRs listed above.

❖LOCAL GOVERNMENTS: No cost to local government. This rule adopts and incorporates by reference the food standards, labeling requirements, and procedures in the CFRs listed above.

❖OTHER PERSONS: Civil penalties can be up to \$5,000 per violation for establishments not complying to the standards of these rules.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Civil penalties can be up to \$5,000 per violation for establishments not complying to the standards of these rules.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Utah adopting the federal regulations establishes standardization between states.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Agriculture and Food Regulatory Services 350 North Redwood Road PO Box 146500 Salt Lake City, UT 84114-6500, or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

Becky Shreeve at the above address, by phone at (801) 538-7149, by FAX at (801) 538-7126, or by Internet E-mail at agmain.bshreeve@state.ut.us.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Cary G. Peterson, Commissioner

R70. Agriculture and Food, Regulatory Services.

R70-530. Food Protection.

R70-530-1. Authority and Purpose.

(1) Authority.

Promulgated under the authority of the Section 4-5-17.

(2) Purpose.

This rule shall be liberally construed and applied to promote its underlying purpose of safeguarding public health and providing to consumers food that is safe, unadulterated, and honestly presented.

(3) Scope.

This rule establishes definitions; sets standards for management and personnel, food operations, equipment, and facilities; and provides for food establishment plan review, inspection, and employee restriction. It shall be used to regulate bakeries, grocery and convenience stores, meat markets, food and grain processors, warehouses and any other establishment meeting the definition of a food establishment.

(4) Adopted by Reference.

The division adopts the food standards, labeling requirements and procedures as specified in 21 CFR, 1 through 200, April 1, [1997]1999 edition, 40 CFR 185, [1997]1999 edition, and 9 CFR 200 to End, [1997]1999 edition, which are incorporated by reference within this rule.

KEY: inspections

[September 15, 1998]1999

4-5-17

Notice of Continuation October 16, 1997

Commerce, Occupational and Professional Licensing

R156-60b

Marriage and Family Therapist Licensing Act Rules

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 22376

FILED: 09/13/1999, 10:35

RECEIVED BY: NL

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: Changes in the rules are being proposed as a result of changes made in the governing statute by the 1999 legislature, which eliminated temporary licensure. Additional changes are being made as a result of Division and Board review.

**(DAR Note:** S.B. 195 is found at 1999 Utah Laws 81, and was effective March 17, 1999.)

SUMMARY OF THE RULE OR CHANGE: Deleted references to temporary licensure throughout the rule. In Section R156-60B-102, deleted definitions for the following: "earned a masters or doctoral degree in a discipline which is a prerequisite for licensure under this chapter" and "temporary certificate." In Section R156-60B-302a, changed information to who approves the accrediting of the school rather than to reference a specific publication which lists the approved schools. This change will eliminate the need for the Division to continually update the rule every time a new edition of the publication is released. In Sections R156-60B-302b and R156-60B-302d, changes were made with respect to approved supervisor requirements as a result of the deletion of temporary licensure. Changes set forth the criteria to be an approved (qualified) supervisor and provide that the Division does not need to preapprove each supervisor before supervision begins. In Section R156-60B-302c, made minor wording changes so it would read easier. In Section R156-60B-502, made some corrections to rule citations.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 58-60-301, and Subsections 58-1-106(1) and 58-1-202(1)

## ANTICIPATED COST OR SAVINGS TO:

❖THE STATE BUDGET: Minimal cost to the Division to reprint the proposed rules once they are made effective. Any costs incurred will be absorbed by the current Division budget. Also, minimal savings to the Division in not needing to republish the rules every year when the accreditation book referenced in the rules is updated. The elimination of temporary licensure and preapproval of supervisors will allow the Division to utilize personnel resources in other areas.

❖LOCAL GOVERNMENTS: Proposed rules do not apply to local governments; therefore, no costs or savings are anticipated.

❖OTHER PERSONS: The elimination of temporary licensure and preapproval of supervisors will reduce the cost to marriage and family therapist trainees to begin their supervised training, which is required for licensure. An estimated cost savings will be under \$200 per applicant. The number of applicants affected is estimated to be about 75 per year, for a total savings of \$15,000 per year.

COMPLIANCE COSTS FOR AFFECTED PERSONS: No increased costs will be incurred as a result of these proposed rules. Only savings are anticipated to marriage and family therapist trainees (see explanation in under "other persons" above).

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The proposed amendments to these rules are primarily the result of legislation during the last session eliminating temporary licensure. In addition, there is a technical change regarding the specification of approved schools. The proposed changes will have a minimal potential positive impact on the state budget due to elimination of the need to recompile and publish approved schools annually. Elimination of temporary licensure will allow personnel resources now utilized in that process to be redirected elsewhere. There should be no impact on local governments. Elimination of the temporary license and preapproval of supervisors will result in an estimated savings of \$200 per license applicant for a gross savings to the affected professionals of approximately \$15,000 per year (75 applicants annually)--Douglas C. Borba

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Commerce  
Occupational and Professional Licensing  
Fourth Floor, Heber M. Wells Building  
160 East 300 South  
PO Box 146741  
Salt Lake City, UT 84114-6741, or  
at the Division of Administrative Rules.

## DIRECT QUESTIONS REGARDING THIS RULE TO:

Dan S. Jones at the above address, by phone at (801) 530-6720, by FAX at (801) 530-6511, or by Internet E-mail at brdopl.dsjones@email.state.ut.us.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999; OR ATTENDING A PUBLIC HEARING SCHEDULED FOR 10/22/1999, 9:00 a.m., 160 East 300 South, Conference Room 4B (Fourth Floor), Salt Lake City, UT.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: A. Gary Bowen, Director

**R156. Commerce, Occupational and Professional Licensing.  
R156-60b. Marriage and Family Therapist Licensing Act Rules.  
R156-60b-102. Definitions.**

In addition to the definitions in Title 58, Chapters 1 and 60, as used in Title 58, Chapters 1 and 60, or these rules:

(1) "AAMFT" means the American Association for Marriage and Family Therapy.

(2) "Candidacy status by the COAMFTE" means that an education program leading to an earned master's or doctor's degree in marriage and family therapy has been formally recognized by COAMFTE as a candidate for accreditation.

(3) "COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

(4) [~~"Earned a masters or doctoral degree in a discipline which is a prerequisite for licensure under this chapter", as used in Subsection 58-60-116(1)(b), means completion of the education~~

requirements set forth in Subsections 58-60-305(4) and R156-60b-302a(2):

—(5)—"Face to face supervision", as used in Subsection 58-60-305(6), means one to one supervision between the supervisor and the supervisee or group supervision between the supervisor and up to two supervisees. During group supervision, one and a half hours is equivalent to one clock hour of supervision.

[(6)]—"Temporary certificate", as used in Section 58-60-116, means a temporary license issued by the division to practice as a marriage and family therapist temporary under the supervision of an approved supervisor in accordance with Section 58-60-116 and Sections R156-60b-302b and R156-60b-302d:

—(7)[(5)] "Unprofessional conduct" as defined in Title 58, Chapters 1 and 60, is further defined, in accordance with Subsection 58-1-203(5), in Section R156-60b-502.

#### **R156-60b-302a. Qualifications for Licensure - Education Requirements.**

(1) An institution or program of higher education qualifying an applicant for licensure as a marriage and family therapist, to be recognized or approved by the division in collaboration with the board under Subsections 58-60-305(4)(a) and (c), shall be a marriage and family therapy education program accredited by or in candidacy status by the COAMFTE at the time the applicant received the required earned degree.

(2) An earned doctorate or master's degree in a field of education emphasizing human behavioral studies and skill in therapy or counseling qualifying an applicant for licensure as a marriage and family therapist under Subsections 58-60-305(4)(b) and (d), shall:

(a) be an institution which is accredited by a professional accrediting body approved by the Council for Higher Education Accreditation of the American Council on Education at the time the applicant obtained the education[regional institutional accrediting body identified in the "Accredited Institutions of Postsecondary Education", 1997-98 edition, published for the Commission of Recognition of Postsecondary Accreditation of the American Council on Education]; and

(b) include successful completion of the following graduate level course work and a clinical practicum:

(a) six semester hours/nine quarter hours of course work in theoretical foundations of marital and family therapy;

(b) nine semester hours/12 quarter hours of course work in assessment and treatment in marriage and family therapy;

(c) six semester hours/nine quarter hours of course work in human development and family studies which include ethnic minority issues, and gender issues including sexuality, sexual functioning, and sexual identity;

(d) three semester hours/three quarter hours in professional ethics;

(e) three semester hours/three quarter hours in research methodology and data analysis;

(f) three semester hours/three quarter hours in electives in marriage and family therapy; and

(g) a clinical practicum of not less than 500 hours of face to face supervised clinical practice of which not less than 250 hours shall be with couples or families who are physically present in the therapy room.

(3) An earned doctorate or master's degree in a field of religious study with a documented emphasis in marriage and family therapy qualifying an applicant for licensure as a marriage and family therapist under Subsection 58-60-305(4)(e), shall meet the requirements set forth under Subsections (2)(a) through (g).

#### **R156-60b-302b. Qualifications for Licensure - Experience Requirements.**

(1) [~~In accordance with Subsections 58-60-305(5) and (6), each individual entering into supervised marriage and family therapy training and mental health therapy training under an approved supervisor shall obtain a license as a marriage and family therapist temporary under Section 58-60-116.~~

—(2) A change in supervisor must be submitted to the Division on forms prescribed by the Division.

—(3) ~~M] Pursuant to Subsections 58-60-305(5) and (6), an applicant shall complete marriage and family therapy and mental health therapy training consisting of a minimum of 4,000 hours [qualifying an applicant for licensure as a marriage and family therapist under Subsections 58-60-305(5) and (6), to be approved by the division in collaboration with the board,] which shall:~~

(a) be completed in not less than two years;

(b) be completed while the applicant is an employee of a public or private agency engaged in mental health therapy;

(c) be completed under a program of supervision by a marriage and family therapist meeting the requirements under Sections R156-60b-302d and R156-60b-302e[R156-60b-302(e) and R156-60b-302(f)];

(d) in accordance with Subsection 58-60-305(6), include a minimum of 500 hours in conjoint, couple or family therapy; and

(e) hours completed in a group therapy session may count only if the supervisee functions as the primary therapist.

[(4)](2) An applicant for licensure as a marriage and family therapist, who is not seeking licensure by endorsement based upon licensure in another jurisdiction, who has completed all or part of the marriage and family therapy training requirements [~~under Subsection (3)~~] outside the state, may receive credit for that training completed outside of the state if it is demonstrated by the applicant that the training completed outside the state is equivalent to and in all respects meets the requirements for training under Subsections 58-60-305(5) and (6), and Subsection R156-60b-302b[(3)](1). The applicant shall have the burden of demonstrating by evidence satisfactory to the division and board that the training completed outside the state is equivalent to and in all respects meets the requirements under this subsection.

#### **R156-60b-302c. Qualifications for Licensure - Examination Requirements.**

[~~The examination requirement which must be met by an~~] An applicant for licensure as a marriage and family therapist under Subsection 58-60-305(7) must pass[is passing] the Examination of Marital and Family Therapy written for the Association of Marital and Family Therapy Regulatory Boards.

#### **R156-60b-302d. Qualifications to be a [for Designation as an Approved] Marriage and Family Therapist Training Supervisor and Mental Health Therapist Training Supervisor.**

To be qualified [approved by the division in collaboration with the board] as a supervisor of marriage and family therapist and

mental health therapy training required under Subsections 58-60-305(5) and (6) ~~and Section 58-60-116~~, an individual shall:

- (1) be currently approved by AAMFT as a marriage and family therapist supervisor; or
- (2) be currently licensed or certified in good standing as a marriage and family therapist in the state in which the supervised training is being performed; and meet the following requirements:
  - (a) ~~show~~ have lawfully engaged in the practice of mental health therapy for not less than 4,000 hours in a period of not less than two years;
  - (b) have successfully completed 30 clock hours of instruction approved by the division in collaboration with the board in the theory, practice, and process of supervision; and
  - (c) have successfully completed 36 clock hours of training related to the practice of supervision under the direction of a ~~an approved~~ qualified marriage and family therapist supervisor; and
  - ~~(d) if providing supervision within the state, submit an application on forms available from the division and be approved as a supervisor by the division in collaboration with the board prior to engaging in supervision of training required for licensure; or~~
  - ~~(3) if supervision was provided outside the state, submit evidence of qualifications as a supervisor on forms available from the division providing evidence that during the period of supervision of an applicant for licensure, that the supervisor in all respect met the qualifications for a supervisor within the state under this section.~~
  - ~~(4) A marriage and family therapist approved as a supervisor under Subsection (2) must reapply for approval every five years.~~

**R156-60b-502. Unprofessional Conduct.**

"Unprofessional conduct" includes:

- (1) acting as a supervisor or accepting supervision of a supervisor without complying with or ensuring the compliance with the requirements of Sections R156-60b-302d and R156-60b-302e ~~and R156-60b-302f~~;
- (2) engaging in the supervised practice of mental health therapy when not in compliance with Subsections R156-60b-302b(3) and R156-60b-302f(7);
- (3) engaging in and aiding or abetting conduct or practices which are dishonest, deceptive or fraudulent;
- (4) engaging in or aiding or abetting deceptive or fraudulent billing practices;
- (5) failing to establish and maintain appropriate professional boundaries with a client or former client;
- (6) engaging in dual or multiple relationships with a client or former client in which there is a risk of exploitation or potential harm to the client;
- (7) engaging in sexual activities or sexual contact with a client with or without client consent;
- (8) engaging in sexual activities or sexual contact with a former client within two years of documented termination of services;
- (9) engaging in sexual activities or sexual contact at any time with a former client who is especially vulnerable or susceptible to being disadvantaged because of the client's personal history, current mental status, or any condition which could reasonably be expected to place the client at a disadvantage recognizing the power

imbalance which exists or may exist between the marriage and family therapist and the client;

- (10) engaging in sexual activities or sexual contact with client's relatives or other individuals with whom the client maintains a relationship when that individual is especially vulnerable or susceptible to being disadvantaged because of his personal history, current mental status, or any condition which could reasonably be expected to place that individual at a disadvantage recognizing the power imbalance which exists or may exist between the marriage and family therapist and that individual;
- (11) physical contact with a client when there is a risk of exploitation or potential harm to the client resulting from the contact;
- (12) engaging in or aiding or abetting sexual harassment or any conduct which is exploitive or abusive with respect to a student, trainee, employee, or colleague with whom the licensee has supervisory or management responsibility;
- (13) failing to render impartial, objective, and informed services, recommendations or opinions with respect to custodial or parental rights, divorce, domestic relationships, adoptions, sanity, competency, mental health or any other determination concerning an individual's civil or legal rights;
- (14) exploiting a client for personal gain;
- (15) use of a professional client relationship to exploit a person that is known to have a personal relationship with a client for personal gain;
- (16) failing to maintain appropriate client records for a period of not less than ten years from the documented termination of services to the client;
- (17) failing to obtain informed consent from the client or legal guardian before taping, recording or permitting third party observations of client care or records;
- (18) failure to cooperate with the Division during an investigation;
- (19) failure to abide by the provisions of the Model Code of Ethics for Marriage and Family Therapists as adopted by the American Association of Marriage and Family Therapy Regulatory Boards (AAMFTRB) effective October 7, 1993, which is adopted and incorporated by reference; and
- (20) failure to abide by the provisions of the Code of Ethics of the American Association for Marriage and Family Therapy (AAMFT) as adopted by the AAMFT effective August 1, 1991, which is adopted and incorporated by reference.

**KEY: licensing, therapists, marriage and family therapist\***

**[August 20, 1998]1999**

**58-1-106(1)**

**58-1-202(1)**

**58-60-301**



Education, Administration  
**R277-444**  
 Distribution of Funds to Arts and  
 Sciences Organizations



**NOTICE OF PROPOSED RULE**

(Amendment)  
DAR FILE NO.: 22385  
FILED: 09/15/1999, 16:01  
RECEIVED BY: NL

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rule is being amended because the legislature directed (H.B. 1, item 258) that arts coordinating booking organizations be included as potential recipients of the funds.

(DAR Note: H.B. 1 is found at 1999 Utah Laws 330, and was effective July 1, 1999.)

SUMMARY OF THE RULE OR CHANGE: Arts coordinating booking organizations are included as a specific fund recipient and a provision is included that requires all entities hired or sponsored for services in the schools to be subject to the same review and approval process prior to receiving arts funding.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 53A-1-401(3)

ANTICIPATED COST OR SAVINGS TO:

❖THE STATE BUDGET: There is no anticipated cost or savings because the legislature appropriated money for this specific program.

❖LOCAL GOVERNMENTS: There is no anticipated cost or savings because funding comes through the education budget.

❖OTHER PERSONS: At least one arts coordinating booking organization will benefit from the appropriation for this program due to direction that \$50,000 of the funding specifically benefit arts coordinating booking organizations.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs for affected persons because no compliance is mandated by the rule.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: I have reviewed this rule, and I see no fiscal impact on businesses--Steven O. Laing

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Education  
Administration  
250 East 500 South  
Salt Lake City, UT 84111, or  
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

Carol B. Lear at the above address, by phone at (801) 538-7835, by FAX at (801) 538-7768, or by Internet E-mail at clear@usoe.k12.ut.us.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Carol B. Lear, Acting Coordinator, School Law

**R277. Education, Administration.**

**R277-444. Distribution of Funds to Arts and Sciences Organizations.**

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**R277-444-3. Eligibility of Organizations.**

A. Only non-profit organizations are eligible. Individuals are not eligible. Evidence of non-profit status shall be provided if requested by USOE staff.

B. Only organizations that have existed for at least three years with proven or demonstrated excellence in their discipline are eligible for funding. Evidence of excellence may be based upon:

- (1) a peer review;
- (2) proven fiscal responsibility; or
- (3) receipt of national grant awards (e.g. National Endowment for the Arts, National Endowment for the Humanities, National Science Foundation)

C. Organizations shall receive funding only if they have the demonstrated ability to share their discipline(s) creatively and effectively in educational settings.

D. First consideration shall be given to Utah-based organizations.

E. ~~Only organizations that provide direct professional artistic or scientific services to schools shall be eligible for funding under this rule.~~For fiscal year 1999-2000, \$50,000 of the funding provided under the 1999 Annual Appropriations Act, Item 258, shall be awarded to arts coordinating booking organizations selected by the request-for-proposal process.

F. Beginning in fiscal year 2000-2001, all scientists, artists, or entities hired/sponsored for services in the schools, directly or through booking/coordinating organizations, shall be subject to the same review and approval process.

**R277-444-4. Applications and Funding.**

A. Applications shall be provided by the USOE.

B. Organizations shall submit applications to the USOE Fine Arts and Science Specialists who shall make final funding recommendations to the USOE Finance Committee by September 30 of the school year in which the money is available.

C. Organizations may submit plans based on a one, two or three year cycle as determined between the applicant and the USOE.

D. Organizations may reapply for funding when the terms of their applications have concluded.

E. For fiscal year 1999-2000, arts/sciences organizations selected for funding may charge an appropriate fee for services to recipient schools or organizations.

**R277-444-5. Accountability.**

A. Organizations may be visited by USOE staff prior to funding or at school presentations during the funding cycle to evaluate the effectiveness and preparation of the organization.

B. Organizations that receive arts/science funding shall submit an annual evaluation report by September 1 of the fiscal year in which the award was made.

C. The year-end report shall include:

- (1) a budget expenditure report and income source report using a form provided by the USOE;
- (2) a narrative description of all services provided by the organization;
- (3) copies of any and all materials developed, as requested;
- (4) record of the dates and places of all services rendered, the number of instruction/performance hours per district, number of artist hours provided, and the number of students and teachers served; and
- (5) examples of individual and overall program impact on school science or art programs or curricula.

(6) a report and accounting of fees charged, if any, to recipient schools, districts, or organizations.

D. The USOE may require additional evaluation or audit procedures from the grant recipient to demonstrate use of funds consistent with the law and Board rules.

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**KEY: arts, science, curricula**  
**[October 5, 1998]1999**

**Art X Sec 3**  
**53A-1-401(3)**

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## Education, Administration

# R277-471

### Oversight of School Inspections

**NOTICE OF PROPOSED RULE**

(New)  
 DAR FILE NO.: 22386  
 FILED: 09/15/1999, 16:01  
 RECEIVED BY: NL

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rule is enacted to provide specific provisions for the oversight of school construction/renovation inspections.

SUMMARY OF THE RULE OR CHANGE: This rule provides that each Utah school district is established as a code enforcement agency for school construction within the district's jurisdiction, requires appointment of a school district building official over construction and renovation of school facilities, and designates the Utah State Office of Education as a resource as school districts conduct their own inspections.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 53A-1-401(3)

ANTICIPATED COST OR SAVINGS TO:

❖THE STATE BUDGET: There is no anticipated cost or savings because any inspection costs will now be absorbed by school districts.

❖LOCAL GOVERNMENTS: There is no anticipated cost or savings because any inspection costs will now be absorbed by school districts.

❖OTHER PERSONS: There is no anticipated cost or savings because any inspection costs will now be absorbed by school districts.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs for affected persons because inspection costs will now be absorbed by school districts.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: I have reviewed this rule, and I see no fiscal impact on businesses--Steven O. Laing

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Education  
 Administration  
 250 East 500 South  
 Salt Lake City, UT 84111, or  
 at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:  
Carol B. Lear at the above address, by phone at (801) 538-7835, by FAX at (801) 538-7768, or by Internet E-mail at clear@usoe.k12.ut.us.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Carol B. Lear, Acting Coordinator, School Law

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**R277. Education, Administration.**  
**R277-471. Oversight of School Inspections.**  
**R277-471-1. Definitions.**

- A. "Board" means the Utah State Board of Education.
- B. "School District Building Official" (SDBO) means the officer or authority designated by the school district who has direct administrative and operational control of school district construction and renovation and directs compliance with the state adopted building code in the school district.
- C. "Superintendent" means the State Superintendent of Public Instruction.
- D. "State adopted building code (Code)" means the statutes and administrative rules which control the construction and renovation of buildings in Utah.
- E. "School Building Construction and Inspection Resource Manual (Resource Manual)" means a manual which identifies the processes and procedures a school district must follow when constructing a new building or renovating existing buildings. The Resource Manual was developed by the USOE in response to legislative direction and is available in all school district offices and in the School Finance and Statistics Section of the USOE.
- F. "USOE" means the Utah State Office of Education.

**R277-471-2. Authority and Purpose.**

A. This rule is authorized by Utah Constitution Article X, Section 3 which vests general control and supervision of public education in the Board, and Section 53A-1-401(3) which permits the Board to adopt rules in accordance with its responsibilities.

B. The purpose of this rule is to provide specific provisions for the oversight of school construction/renovation inspections.

**R277-471-3. School District Building Official.**

A. Under provisions of Section 58-56-4, each Utah school district is established as a Code enforcement agency for school construction within the district's jurisdiction.

B. As a code enforcement agency, school districts shall appoint a School District Building Official (SDBO) who has direct administrative and operational control of all construction and renovation of school facilities in the school district.

C. The SDBO shall monitor school district building construction to require compliance with the provisions of the Code.

D. The SDBO shall render interpretations of the Code for the school district. Such interpretations shall be in conformance with the intent and purpose of the Code, insofar as they are expressed in the Code or in legislative intent.

E. The SDBO may adopt and enforce supplemental district policies under appropriate district policies to clarify the application of the provisions of the Code for district personnel.

F. The SDBO shall send monthly construction inspection summary reports to the USOE and to appropriate local governmental entity building officials on each project that has a USOE project number and exceeds \$99,999 in cost. The school district shall retain copies of all individual inspection reports at an identified location in the district for monitoring, auditing and potential review purposes by the USOE.

G. The SDBO shall send final inspection certification to the USOE and to the appropriate local governmental entity upon completion of each project. The district, through the SDBO, shall identify the monthly total number of inspections as well as the name, state license number and discipline(s) of the state licensed/certified inspectors performing the building inspections. The SDBO shall sign a final inspection certification form, certifying that all inspections were completed in accordance with the Code.

**R277-471-4. School Building Construction and Inspection Resource Manual.**

A. The USOE shall develop and distribute to each school district a Resource Manual.

B. The Resource Manual shall include process, legal requirements and resource information on school building construction and inspections.

C. The USOE shall review and, if necessary, update the Resource Manual annually.

D. The Board, local school boards, and school district personnel shall act consistent with the Resource Manual.

**R277-471-5. Annual Construction and Inspection Conference.**

A. The USOE shall sponsor an annual school construction conference for representative(s) from each school district and interested persons involved in the school building construction industry. The conference shall:

(1) provide current information on the design, construction, and inspection process of school buildings;

(2) provide training on school construction and inspection matters as determined by the USOE; and

(3) offer and discuss information to improve the existing school building inspection program.

**KEY: educational facilities  
1999**

**Art X Sec 3  
53A-1-401(3)  
53A-20-104  
53A-20-104.5  
10-9-106  
17-27-105**



Education, Administration  
**R277-713**  
Concurrent Enrollment of High School  
Students in College Courses

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE No.: 22387

FILED: 09/15/1999, 16:01

RECEIVED BY: NL

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rule is being amended to remove a definition of accelerated learning, which is no longer specifically funded by the legislature, and to remove references to college quarter hours.

SUMMARY OF THE RULE OR CHANGE: The rule removes a definition and removes references to college quarter hours, which no longer exist at Utah higher education institutions.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 53A-17a-120

ANTICIPATED COST OR SAVINGS TO:

❖THE STATE BUDGET: There is no anticipated cost or savings because concurrent enrollment funding is not affected by these amendments and are funded through the education budget.

❖LOCAL GOVERNMENTS: There is no anticipated cost or savings because concurrent enrollment funding is not affected by these amendments and are funded through the education budget.

❖OTHER PERSONS: There is no anticipated cost or savings because concurrent enrollment funding is not affected by these amendments and are funded through the education budget.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs for affected persons because concurrent enrollment costs are part of the education budget and these amendments consist of technical and wording changes.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: I have reviewed this rule, and I see no fiscal impact on businesses--Steven O. Laing

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Education Administration 250 East 500 South Salt Lake City, UT 84111, or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO: Carol B. Lear at the above address, by phone at (801) 538-7835, by FAX at (801) 538-7768, or by Internet E-mail at clear@usoe.k12.ut.us.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Carol B. Lear, Acting Coordinator, School Law

R277. Education, Administration. R277-713. Concurrent Enrollment of High School Students in College Courses.

R277-713-1. Definitions.

[A. "Accelerated learning programs" means programs for gifted and talented students, concurrent enrollment students, and students enrolled in the College Board Advanced Placement Program.

[B]A. "Adjunct faculty" means high school teacher(s) approved by the cooperating institution of higher education to teach concurrent enrollment classes on behalf of the institution of higher education.

[C]B. "Board" means the Utah State Board of Education.

[D]C. "Concurrent enrollment" means enrollment by public school students in one or more college or university courses for credit by a high school student who continues to be enrolled and counted in Average Daily Membership.

[E]D. "Annual Concurrent Enrollment Contract" means a written plan, negotiated by a school district and an institution of higher education, to provide college level courses to high school students.

[F]E. "USHE" means the Utah System of Higher Education.

[G]E. "USOE" means the Utah State Office of Education.

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R277-713-6. Student Tuition, Fees and Credit for Concurrent Enrollment Programs.

A. Tuition may not be charged to high school students for participation in this program.

B. Students may be charged a one-time enrollment fee per institution and assume responsibility for obtaining textbooks.

C. Concurrent enrollment program fees attributable only to college/university credit or enrollment are not subject to fee waiver under R277-407.

D. All other fees related to concurrent enrollment classes are subject to fee waiver consistent with R277-407.

E. Credit:

(1) [Five (5) quarter or t]Three (3) semester higher education hours equal one (1) unit of high school credit.

(2) College level courses taught in the high school carry the same credit hour value as when taught on a college or university campus and apply toward college/university graduation on the same basis as courses taught at the institution of higher education to which the credits are submitted.

(3) Credit earned through the concurrent enrollment program shall be transferable from one USHE institution to another.

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R277-713-8. Concurrent Enrollment Funding and Use of Concurrent Enrollment Funds.

[A. A proportional amount of the funds appropriated to the USOE under the line item "accelerated learning programs", 53A-17a-120 shall be allocated to concurrent enrollment programs.

[B]A. Each district shall receive a pro-rated amount of the funds appropriated for concurrent enrollment according to the number of [quarter]semester hours successfully completed by students registered through the district in the prior year compared to the state total of completed concurrent enrollment hours.

[C]B. Each high school shall receive its proportional share of district concurrent enrollment monies allocated to the district pursuant to Section 53A-17a-120 based upon the hours of concurrent enrollment course work successfully completed by students on the high school campus as compared to the state total of completed concurrent enrollment hours.

[D]C. State funding to school districts for concurrent enrollment is limited to a maximum of [45 quarter]30 semester hours per student per school year.

[E]D. Funds allocated to school districts for concurrent enrollment shall not be used for any other program.

[F]E. Colleges or universities shall receive concurrent enrollment funds from school districts based on the Annual Concurrent Enrollment Contract and approved guidelines.

[G]E. District use of state funds for concurrent enrollment is limited to the following:

- (1) to pay tuition for students; (2) to pay for a share of the costs of supervision and monitoring by college or university employees according to the annual contractual agreement; (3) to aid in staff development of adjunct faculty in cooperation with the participating college or university;

- (4) to assist with costs of distance learning programs;
- (5) to offset the costs of district or school personnel who work with the program;
- (6) to pay for textbooks and other instructional materials; and
- (7) other uses approved in writing through the USOE Concurrent Enrollment Specialist consistent with the law and purposes of this rule.

[H]G. Concurrent enrollment course credit shall count for completion of high school graduation requirements as well as for college credit.

.....

**KEY: students, curricula, higher education**  
~~[October 16, 1995]~~1999  
 Notice of Continuation September 12, 1997

Art X Sec 3  
 53A-17a-120  
 53A-1-402(1)(c)  
 53A-1-401(3)



**Health, Health Care Financing,  
 Coverage and Reimbursement Policy**  
**R414-303**  
**Coverage Groups**

**NOTICE OF PROPOSED RULE**  
 (Amendment)  
 DAR FILE NO.: 22378  
 FILED: 09/15/1999, 09:07  
 RECEIVED BY: NL

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rule is necessary to implement a section of Title XIX of the Social Security Act that requires states to provide continued Medicaid assistance to certain eligible families who have increased income from child support payments or from earnings. Qualified families with increased child support payments can receive four months of continued Medicaid and families with increased income can receive up to twelve months of increased Medicaid. The rule increases the earned income level from \$500 to \$700, at which a person seeking disability Medicaid can be denied without a disability review to conform to the change made by the Social Security Administration.

SUMMARY OF THE RULE OR CHANGE: This rule adopts the provisions of Section 1931 of Title XIX of the Social Security Act that require states to provide Medicaid to families who would have qualified for Aid to Families with Dependent Children (AFDC) under the State Plan, in effect on July 16, 1996.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 18

FEDERAL REQUIREMENT FOR THIS RULE: Section 1931 of Title XIX of the Social Security Act

THIS RULE OR CHANGE INCORPORATES BY REFERENCE THE FOLLOWING MATERIAL: Title XIX of the Social Security Act, Subsections 1931(a), (b), (c)(1), and (g); 42 CFR 435.112, 435.115(e)(2), 435.222, 435.301 through 435.308, 441.301, 435.726, and 435.217 (1998); 45 CFR 233.39 and 233.90 (1998)

ANTICIPATED COST OR SAVINGS TO:

- ❖THE STATE BUDGET: The Department of Health could incur an annual cost of about \$200,000 to provide this continued Medicaid assistance. Approximately 120 families would qualify for this coverage each year.
  - ❖LOCAL GOVERNMENTS: This rule does not apply to local governments, therefore there should be no fiscal impact.
  - ❖OTHER PERSONS: Individuals qualifying for continued Medicaid could anticipate a personal savings because they would not have to pay for medical expenses out-of-pocket. This personal savings to an eligible family could equal from zero to several thousand dollars a year.
- COMPLIANCE COSTS FOR AFFECTED PERSONS: There would not be a fiscal impact on affected persons other than that described in the explanation under "other persons."

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This rule change is mandated by federal law changes--Rod L. Betit

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:  
 Health  
 Health Care Financing,  
 Coverage and Reimbursement Policy  
 Cannon Health Building  
 288 North 1460 West  
 PO Box 143102  
 Salt Lake City, UT 84114-3102, or  
 at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:  
 Gayle Six at the above address, by phone at (801) 538-6895, by FAX at (801) 538-6952, or by Internet E-mail at gsix@email.state.ut.us.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Rod L. Betit, Executive Director

**R414. Health, Health Care Financing, Coverage and Reimbursement Policy.**  
**R414-303. Coverage Groups.**  
**R414-303-1. A, B and D Medicaid and A, B and D Institutional Medicaid Coverage Groups.**  
 The definitions in R414-1 apply to this rule.

(1) The Department shall provide Medicaid coverage to individuals as described in 42 CFR 435.116, 435.120, 435.122, 435.131 through 435.133, 435.135, 435.138, 435.210, 435.211, 435.301, 435.320, 435.322, 435.324, 435.340, and 435.541, 199[7]8 ed., which are incorporated by reference. The Department shall provide coverage to individuals as described in 20 CFR 416.901 through 416.1094, 199[7]8 ed., which is incorporated by reference. The Department shall provide coverage to individuals as required by Sections 470 through 479, 1634(b), (c) and (d), 1902(a)(10)(E) and 1902(e) of ~~[the Compilation of the Social Security Laws, 1995 ed. The Department shall provide coverage to individuals as required by Pub. L. No. 105-33, Sections 4732 and 4913 which is incorporated by reference]~~Title XIX of the Social Security Act.

(2) ~~[Current Department practices:~~

~~—(a)]~~Proof of disability includes a certification of disability from the State Medicaid Disability Office, Supplemental Security Income (SSI) status, or proof that a disabled client is recognized as disabled by the Social Security Administration (SSA).

(b)3 A client who earns more than \$500 a month will be denied disability without being reviewed by the State Medicaid Disability Office.

(c)4 If a client has been denied SSI or SSA and claims to have become disabled since the SSI or SSA decision, the State Medicaid Disability Office shall review current medical information to determine if the client is disabled.

(d)5 The age requirement for A Medicaid is 65 years of age.

(e)6 For children described in ~~[Pub. L. No. 105-33, Section 4913]~~Section 1902(a)(10)(A)(i)(II) of the Social Security Act, the Department shall conduct periodic redeterminations [shall be conducted as determined by the state]to assure that the child continues to meet the SSI eligibility criteria as required by ~~[such]~~the section.

(f)7 Coverage for qualifying individuals described in ~~[Pub. L. No. 105-33, Section 4732]~~Section 1902(a)(10)(E)(iv) of Title XIX of the Social Security Act, is limited to the amount of funds allocated under ~~[such section]~~Section 1933 of Title XIX of the Social Security Act for a given year. Applicants will be denied coverage when the uncommitted allocated funds are insufficient to provide such coverage.

#### **R414-303-2. Family Medicaid and Family Institutional Medicaid Coverage Groups.**

(1) The Department shall provide Medicaid coverage to individuals who are eligible as described in 42 CFR 435.110, 435.113 through 435.115, 435.211, 435.217, 435.223, 435.233.9, 435.233.90, and 435.300 through 435.310, 1997 ed., and 45 CFR 211, 1997 ed., which are incorporated by reference. The Department adopts Title XIX of the Social Security Act, Sections 1931(a), (b), and (g), which are incorporated by reference.

(2) "AFDC", as used in this rule, means the eligibility requirements described in Title XIX of the Social Security Act, Sections 1931(a) and (b).

(3) The Department provides Medicaid coverage to individuals who ~~[satisfy]~~are AFDC qualified, including families meeting the requirements for a two-parent household, [rules for age, family composition, relationship, and deprivation of support and to families receiving financial assistance from the Emergency Work

~~Program (EWP)]~~ as described in 45 CFR 233.39 and 233.90, 199[7]8 ed., which ~~[is]~~are incorporated by reference.

(4) The Department elects to include children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training, and who may reasonably be expected to complete the program before age 19.

(5) A specified relative, other than the child's parents, may apply for assistance for a child. In addition to other Family Medicaid requirements, all the following rules apply to a Family Medicaid application by a specified relative:

(a) The child must be currently deprived of support because both parents are absent from the home where the child lives.

(b) The child must be currently living with, not just visiting, the specified relative.

(c) The parents' obligation to financially support their child shall be enforced.

(d) The income and resources of the specified relative will not be counted unless the specified relative is also included in the Medicaid coverage group.

(e) If the specified relative is currently ~~[an AFDC]~~a TANF recipient or a Family Medicaid household, the child will be included in the case of the specified relative.

(f) The specified relative may choose to be excluded from the Medicaid coverage group. The ineligible children of the specified relative must be excluded. The specified relative will not be included in the income standard calculation.

(g) The specified relative may choose to exclude any child from the Medicaid coverage group. If a child is excluded from coverage, that child's income and resources will not be used to determine eligibility or spenddown.

(h) If the specified relative does not meet deprivation of support criteria and elects to be included in the Medicaid coverage group, the following income rules apply:

(i) The monthly gross earned income of the specified relative and spouse shall be counted.

(ii) The unearned income of the relative and the excluded spouse shall be counted.

(iii) For each employed person, \$90 will be deducted from the monthly gross income.

(iv) Child care expenses necessary for employment will be deducted for only the specified relative's children. The maximum allowable deduction will be \$200.00 per child under age two and \$175.00 per child age two and older each month for full-time employment or \$160.00 per child under age two and \$140.00 per child age two and older each month for part-time employment.

(6) An American Indian child in a boarding school and a child in a school for the deaf and blind are considered temporarily absent from the household.

(7) Temporary absence from the home for purposes of schooling, vacation, or medical treatment shall not constitute non-resident status. The following situations do not meet the definition of absence for purposes of determining deprivation of support:

(a) parental absences which are caused solely by reason of employment, school, or training;

(b) an absent parent who will return home to live within 30 days from the date of application;

(c) an absent parent is the primary child care provider for the children, and the child care is frequent enough that the children are not deprived of parental support, care, or guidance.

([7]8) Joint custody situations are evaluated based on the actual circumstances that exist for a dependent child. The same policy is applied in joint custody cases as is applied in other absent parent cases.

([8]9) The Department imposes no suitable home requirement.

([9]10) Medicaid assistance is not continued for a temporary period while the effects of deprivation of support are being overcome.

(1[0]1) Full-time employment nullifies a person's claim to incapacity. To claim an incapacity a parent must meet one of the following criteria:

(a) receive SSI;

(b) be recognized as 100% disabled by the Veteran's Administration or the Social Security Administration;

(c) have an incapacity that is visually observable;

(d) provide a Medical Report Form 21 completed by a physician or licensed/certified psychologist which indicates that the incapacity is expected to last at least 30 days. The medical report must also state that the incapacity will substantially reduce the parent's ability to work or care for the child.

(1[+]2) To qualify for Medicaid for two-parent families with an unemployed parent, the family must meet the following criteria: ~~may be provided when a family does not receive AFDC cash assistance.~~

(a) The parent who has made the most money in the previous 24 months is the primary wage earner.

(b) The Department shall not require the primary wage earner to have an employment history.

(c) The primary wage earner must not have refused work in the past 30 days.

(d) The primary wage earner must have worked less than 100 hours in the last 30 days or must have worked less than 100 hours in the 30 day period immediately preceding a point of eligibility.

(e) A person who has worked 100 hours or more in one month shall be deemed to be working less than 100 hours if that person is expected to work less than 100 hours next month and that person worked less than 100 hours in the previous two months.

#### **R414-303-3. 12 Month Transitional Family Medicaid.**

(1) The Department requires compliance with Public Law 74-271(1925).

(2) The following definition applies to this section:

~~(a)~~ "Good cause" means an acceptable reason or reasons, as allowed by the Department, for not complying with one or more factors of eligibility.

(3) ~~[Current Department practices:~~

~~(a)~~ Individuals receiving 12 month continued medical assistance are required to report quarterly gross earnings and child care expenses paid by the household.

([b]4) The parent must have earnings in each month of the first, second and third quarters of the 12 month continued medical assistance period or the parent must have good cause for no earnings.

([e]5) The household's gross income, less employment related child care paid by the household, must average 185% or less of the federal poverty level in the second and third quarters.

([d]6) New household members ~~will not~~ may be added to the transitional medical assistance program if they meet the AFDC or AFDC two-parent criteria for being included in the ~~would be~~

~~considered part of the AFDC or AF/EWP] household if they were applying in the current month. Newborn babies are considered household members even if they were unborn in the month the household became ineligible for [AFDC]Family Medicaid under Section 1931 of Title XIX of the Social Security Act. New members added to the case will lose eligibility when the household loses eligibility. Assistance shall be terminated for members who leave the household.~~

([e]7) Income from new household members must be reported at the time the household files its quarterly report. Income from new household members will be counted, regardless of program participation, if a new household member has legal responsibility for any household member receiving 12 month continued medical assistance.

#### **R414-303-4. Four Month Transitional Family Medicaid.**

(1) The Department adopts 42 CFR 435.112, 199[7]8 ed., and Title XIX of the Social Security Act, Section 1931(c)(1) which ~~is~~are incorporated by reference.

(2) ~~[Current Department practices:~~

~~—]Changes in household composition do not affect eligibility for the four month extension period. New household members may be added to the case only if they meet the AFDC or AFDC two-parent criteria for being included in the ~~would be considered part of the AFDC or AF/EWP] household if they were applying in the current month. Newborn babies are considered household members even if they were unborn the month the household became ineligible for [AFDC]Family Medicaid under Section 1931 of the Social Security Act. New members added to the case will lose eligibility when the household loses eligibility. Assistance shall be terminated for household members who leave the household.~~~~

#### **R414-303-5. Foster Care.**

The Department adopts 42 CFR ~~[435.119]~~435.115(e)(2), 199[7]8 ed., which is incorporated by reference. The Department ~~requires compliance~~ complies with Public Law 74-271(472).

#### **R414-303-6. Subsidized Adoptions.**

The Department adopts 42 CFR ~~[435.119]~~435.115(e)(2), 199[7]8 ed., which is incorporated by reference. The Department ~~requires compliance~~ complies with Public Law 74-271(472).

#### **R414-303-7. Child Medicaid.**

(1) The Department adopts 42 CFR 435.222 and 435.301 through 435.308, 199[7]8 ed., which are incorporated by reference.

(2) ~~[Current Department practices:~~

~~(a)~~ The Department elects to cover all individuals under age 18 who would be eligible for AFDC but do not qualify as dependent children. Individuals who are 18 years old may be covered if they would be eligible for AFDC except for not living with a specified relative or not being deprived of support.

([b]3) If a child receiving SSI elects to receive Child Medicaid or receives benefits under the Home and Community Based Services Waiver, the child's SSI income shall be counted with other household income.

#### **R414-303-8. Refugee Medicaid.**

(1) The Department adopts 45 CFR 400.90 through 400.107, 199[7]8 ed., which are modified by the Federal Register 60 FR

33584, published Wednesday, June 28, 1995, and 45 CFR 401, 1997 ed., all of which are incorporated by reference.

(2) ~~Current Department practices:~~

—(a)—Specified relative rules do not apply.

(b)3 Child support enforcement rules do not apply.

(c)4 The sponsor's income and resources are not counted. In-kind service or shelter provided by the sponsor is not counted.

(d)5 Initial settlement payments made to a refugee from a resettlement agency are not counted.

(e)6 Refugees may qualify for medical assistance for eight months after entry into the United States.

#### **R414-303-9. Prenatal and Newborn Medicaid.**

(1) The Department ~~requires compliance~~ complies with Title XIX of the Social Security Act, Section 1902(a) and (l), [of the Compilation of the Social Security Laws, 1993 ed., Public Law 74-271(1902)(K)(1)] Title XIX of the Social Security Act, Section 1902(k) in effect January 1, 1993, and Section 26-18-3.1.

(2) ~~Current Department practices:~~

—(a)—The Department elects to impose a resource standard on Newborn Medicaid coverage for children age six to the month in which they turn age 19. The resource standard is the same as other Family Medicaid Categories.

(b)3 The Department elects to provide Prenatal Medicaid coverage to pregnant women whose countable income is equal to or below 133% of poverty.

(c)4 At the initial determination of eligibility for Prenatal Medicaid applicants who have \$5,000 or more of assets, the Department will require the applicant to pay four percent of countable resources to become eligible for Prenatal Medicaid. This payment amount shall not exceed \$3,367. The payment must be met with cash; incurred medical bills and medical expenses are not allowed to meet this payment.

(d)5 In subsequent months, through the 60 day postpartum period, the Department disregards all excess resources.

(e)6 This resource payment applies only to pregnant women covered under Sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Social Security Act.

(f)7 No resource payment will be required when the Department makes a determination based on information received from a medical professional that social, medical, or other reasons place the woman in a high risk category.

(g)8 Children born after September 30, 1983 may qualify for the newborn program through the month in which they turn 19.

(h)9 Children born before October 1, 1983 may qualify for the Newborn program through the month in which they turn 18.

#### **R414-303-10. PG Medicaid.**

The Department ~~requires compliance~~ complies with Public Law 74-271(1902)(a)(10)(A)(i)(III).

#### **R414-303-11. DD/MR Home and Community Based Services Waiver.**

(1) The Department adopts 42 CFR 441.301 and 435.726, 1997 ed., which are incorporated by reference. The Department ~~requires compliance~~ complies with Public Law 74-271(1915)(c).

(2) ~~Current Department practices:~~

—(a)—Medicaid Eligibility for Developmentally Disabled Mentally Retarded (DD/MR) Home and Community-Based

Services is limited to mentally retarded and developmentally disabled individuals. Eligibility is limited to those referred by the Division of Services to People with Disabilities (DSPD) or any DD/MR worker.

(b)3 Medicaid eligibility for DD/MR Home and Community-Based Services is limited to individuals who qualify for a regular Medicaid coverage group.

(c)4 A client's resources must be equal to or less than the regular Medicaid resource limit. The spousal impoverishment resource provisions for married, institutionalized individuals in R414-305-3 apply.

(d)5 All of the client's income is countable.

(e)6 To determine spenddown the Department will deduct ~~[\$500]~~ \$700 of earned income for disabled individuals and ~~[\$810]~~ \$1110 for blind individuals.

(f)7 The Department shall allow [D] deductions for any health insurance or medical expenses for the waiver eligible client [shall be allowed] that are paid by the waiver client.

(g)8 The spousal impoverishment provisions for Institutional Medicaid income apply.

(h)9 The client obligation for spenddown will be the amount of income that exceeds the personal needs allowance after allowable deductions.

(i)10 The Department shall count [P] parental and spousal income [shall be counted] only if the client is given a cash contribution from a parent or spouse.

(j)11 A client who transfers resources for less than fair market value for the purpose of obtaining Medicaid may be ineligible for an indefinite period of time. If the transfer occurred prior to August 11, 1993, the period of ineligibility shall not exceed 30 months.

#### **R414-303-12. Aging Home and Community Based Services Waiver.**

(1) The Department adopts 42 CFR 441.301 and 435.726, 1997 ed., which are incorporated by reference. The Department ~~requires compliance~~ complies with Public Law 74-271(1915)(c).

(2) ~~Current Department practices:~~

—(a)—Medicaid eligibility for Aging Home and Community-Based Services is limited to individuals eligible for Aged Medicaid ~~[except that the spousal impoverishment resource limits apply]~~ who could qualify for skilled nursing home care except that the spousal impoverishment resource limits apply. Eligibility is limited to those referred by the Division of Aging or a county aging worker.

(b)3 A client's resources must be equal to or less than the regular Medicaid resource limit. The spousal impoverishment resource provisions for married, institutionalized individuals in R414-305-3 apply.

(c)4 All income is counted, unless excluded under other federal laws. Spenddown is determined counting only the client's income less allowable deductions.

(d)5 The spousal impoverishment provisions for Institutional Medicaid income apply. Income deductions include health insurance premiums, medical expenses, a percentage of shelter costs and an aging waiver deduction.

(e)6 A client who transfers resources for less than fair market value for the purpose of obtaining Medicaid may be ineligible for an indefinite period of time. If the transfer occurred



prior to August 11, 1993, the period of ineligibility shall not exceed 30 months.

~~(f)7~~ The Department shall count a spouse's~~[Spousal]~~ income ~~[shall be counted]~~ only if the client is given a cash contribution from a spouse.

**R414-303-13. Technologically Dependent Child Waiver/Travis C. Waiver.**

(1) The Department adopts 42 CFR 441.301 and 435.726, 1998 ed., which are incorporated by reference. The Department complies with Public Law 74-271(1915)(c).

~~(2)~~ The Department will operate this program statewide [initially] with a limited number of available slots.

~~(2)3~~ [Current Department practices:

~~(a)~~ Eligibility for services under this waiver require that the individual [have a medical need. This means that the individual must be in need of skilled nursing or rehabilitation services and of being dependent on medical technology for life support. A medical need determination will be established through the Department of Health, Family Health Services.]meets the medical criteria established by the Department and the Division in Section Appendix C-4 of the Home and Community Based Waiver for Technology Dependent/Medically Fragile Children implementation plan effective on January 1, 1995 and temporarily extended from December 27, 1998 through March 27, 1999, which is incorporated by reference.

~~(b)4~~ [To qualify for services under]To be eligible for admission to this waiver, the individual must be [considered a child. This means the individual must be under age 21]under age 21 at the time of admission to the waiver. An individual is considered to be under age 21 until the month after the month in which the twenty first birthday falls.

(5) Once admitted to the waiver, the individual can continue to receive waiver benefits and services as long as the individual continues to meet the medical criteria defined by the Department non-financial Medicaid eligibility criteria in R414-302, a Medicaid category of coverage defined in R414-303, and the income and resource criteria defined in R414-303-11, except that the earned income deduction is limited to \$125.

~~(c)6~~ [All other]Income and resource eligibility requirements follow the rules for the DD/MR Home and Community Based Services Waiver found in R414-303-11.

**R414-303-14. Persons with Brain Injury Home and Community Based Services Waiver.**

(1) The Department will operate this program statewide initially with a limited number of available slots.

~~(2)~~ [Current Department practices:

~~(a)~~ Eligibility for services under this waiver require that the individual has medical need resulting from a brain injury. This means that the individual must be in need of skilled nursing or rehabilitation services as a result of the damage sustained because of the brain injury. A medical need determination will be established through the Department of Human Services, Division of Services for People with Disabilities.

~~(b)3~~ To qualify for services under this waiver, the individual must be 18 years old or older. The person is considered to be 18 in the month in which the 18th birthday falls.

~~(c)4~~ All other eligibility requirements follow the rules for the Aging Home and Community Based Services Waiver found in R414-303-12.

~~(d)5~~ The spousal impoverishment provisions for Institutional Medicaid income apply, with one exception: An individual who has a dependent family member living in the home is allowed a deduction for a dependent family member even if the individual is not married or is not living with the spouse.

**R414-303-15. Personal Assistance Waiver for Adults with Physical Disabilities.**

(1) The Department adopts 42 CFR 435.726 and 435.217, 199[7]8 ed., which are incorporated by reference. The Department ~~[requires compliance]~~complies with Title XIX of the Social Security Act, Section 1915(c)~~[of the Compilation of the Social Security Laws, 1995 ed].~~

(2) The waiver shall be limited to individuals 18 years of age and over.

(3) The individual must meet non-financial criteria for Aged, Blind, or Disabled Medicaid.

(4) A client must qualify for a nursing home level of care. Eligibility is limited to those referred by the Division of Services to People with Disabilities and determined medically eligible by the Bureau of Medicare/Medicaid Program Certification and Resident Assessment.

(5) A client's resources must be equal to or less than \$2000. The spousal impoverishment resource provisions for married, institutionalized clients in R414-305-3 apply to this rule.

(6) Countable income is determined using income rules of Aged, Blind, or Disabled Institutional Medicaid. After determining countable income, eligibility is determined counting only the gross income of the client.

(7) The client's income can not exceed three times the SSI benefit amount payable under Section 1611(b)(1) of the Social Security Act, except that individuals with income over this amount can spenddown to the Medicaid Basic Maintenance Standard for a household of one.

(8) Transfer of resource provisions described in R414-305-~~50~~6 apply to this rule.

**KEY: income, coverage groups\***

**[January 4, 1999**

**26-18**

**Notice of Continuation February 6, 1998**



**Health, Health Care Financing,  
Coverage and Reimbursement Policy**

**R414-304**

**Income and Budgeting**

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 22379

FILED: 09/15/1999, 09:07

RECEIVED BY: NL

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** This rule sets forth income standards for Medicaid eligibility. The income standards show the maximum income an individual or family can have and still qualify for Medicaid. For some Medicaid coverage groups with income exceeding the standards, they can pay the difference between their countable income and the standards, either with cash or by incurring medical bills, to qualify for Medicaid.

**SUMMARY OF THE RULE OR CHANGE:** This rule changes how the Department determines household size for poverty-related programs. It also changes how needs-based Veteran's Administration (VA) income is treated and how child support is treated for an institutionalized child. The rule prohibits using copayments a recipient must pay to receive Medicaid services from being used as medical deductions to meet a spenddown. Budgeting for self-employed individuals or seasonal workers has been changed.

**STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Section 26-1-5; and Title 26, Chapter 18

**FEDERAL REQUIREMENT FOR THIS RULE:** Pub. L. No. 104-204, and Pub. L. No. 105-306

**THIS RULE OR CHANGE INCORPORATES BY REFERENCE THE FOLLOWING MATERIAL:** Pub. L. No. 105-33(4735), 104-204(1805)(c) and (d), and 105-306(7)(a) and (c); Section 1924, and Subsections 1612(b)(4)(A) and (B), 1902(a)(10)(E), 1902(l), 1902(m), 1903(f), and 1905(p), 1902(l)(1), (2), and (3), 1902(m)(1) and (2), and 1905(p) of the Social Security Act (1999); 20 CFR 416.1102, 416.1103, 416.1110 through 416.1112, 416.1120 through 416.1148, 416.1150, 416.1151, 416.1163 through 416.1166, and 416.1166a (1998); Appendix to 20 CFR 416, Subpart K (1998); 42 CFR 435.601, 435.602, 435.640, and 435.725 through 435.845 (1998); 45 CFR 206.10(a)(1)(iii) and 206.10(a)(1)(vii) (1998); 45 CFR 233.20(a)(1), 233.20(a)(3)(iii), 233.20(a)(3)(iv), 233.20(a)(3)(v), 233.20(a)(3)(xxi), 233.20(a)(6)(iii) through (iv), 233.20(a)(6)(v)(B), 233.20(a)(6)(vi) through (vii), and 233.20(a)(11), 233.20(4)(ii), 233.31, 233.33, and 233.51 (1998)

**ANTICIPATED COST OR SAVINGS TO:**

❖**THE STATE BUDGET:** Some spenddown collections will be lost because of the increased limit. An estimate is that approximately \$10,000 a month would not be collected. Part of this is offset because medical bills used for spenddown are used at full cost, but if Medicaid were to pay these bills, the payment would be at the Medicaid rate. In addition, some people might become eligible for Medicaid because the spenddown is lower. This should not be a large number of people because the increase is only an average of \$22 a month. The change in determining household size could result in a personal savings to a married couple of \$300 to \$500 monthly. Adding an estimated 20 people to the eligible

group could result in a cost to Department of Health (DOH) of \$80,000 annually. However, some couples who were treated as separate households and assessed a large spenddown for the non-Supplemental Security Income (SSI) spouse, would not have been paying this spenddown every month, so the cost to DOH could be greatly decreased. Some recipients of VA income could experience a large increase in their monthly spenddown, which could average \$300 to \$900 monthly. Losing an estimated 60 people from the eligible group could result in a savings to DOH of \$240,000 annually. Even if these people chose to make a spenddown of \$216,000 to remain eligible, there would still be a net savings to DOH of \$24,000 annually. Prior to this change, they may have qualified for Medicaid without a spenddown.

❖**LOCAL GOVERNMENTS:** This rule has no application to local government, so there should not be a fiscal impact.

❖**OTHER PERSONS:** Medicaid recipients will retain more of their income and still qualify for Medicaid. With the lower spenddown for eligible Medicaid clients, there should be an average saving of \$18 monthly per client. There is an average of 900 clients involved, for an estimated \$16,200 aggregate monthly savings for the clients. Some recipients of VA income could experience a large increase in their monthly spenddown, which could average \$300 to \$900 monthly.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** There should be no involvement for affected persons other than that described in the explanation under "other persons."

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** This rule change is mandated by federal law and court interpretations. Costs to the state Medicaid agency outlined above are relatively small. Businesses and individuals will save money as a result of this change--Rod L. Betit

**THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:**

Health  
Health Care Financing,  
Coverage and Reimbursement Policy  
Cannon Health Building  
288 North 1460 West  
PO Box 143102  
Salt Lake City, UT 84114-3102, or  
at the Division of Administrative Rules.

**DIRECT QUESTIONS REGARDING THIS RULE TO:**

Gayle Six at the above address, by phone at (801) 538-6895, by FAX at (801) 538-6952, or by Internet E-mail at gsix@email.state.ut.us.

**INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.**

**THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999**

**AUTHORIZED BY: Rod L. Betit, Executive Director**

**R414. Health, Health Care Financing, Coverage and Reimbursement Policy.**

**R414-304. Income and Budgeting.**

**R414-304-1. Definitions.**

The definitions in R414-1 and R414-301 apply to this rule. In addition:

(1) "Allocation for a spouse" means an amount of income that is the difference between the SSI federal benefit rate for a couple minus the federal benefit rate for an individual.

(2) "Basic maintenance standard (BMS)" means the income level for eligibility based on the number of family members who are counted in the medical assistance unit.

(3) "Benefit month" means a month in which an individual is eligible for Medicaid.

(4) "Poverty-related program" means a medical assistance program that uses a percentage of the federal poverty guideline for the household size involved to determine eligibility

**R414-304-2. A, B and D Medicaid and A, B and D Institutional Medicaid Unearned Income Provisions.**

(1) The Department adopts 42 CFR 435.725 through 435.845, 199[7]8 ed., and 20 CFR 416.1102, 416.1103, 416.1120 through 416.1148, 416.1150, 416.1151, ~~and~~ 416.1163 through 416.1166, and Appendix to Subpart K of 416, 199[7]8 ed., which are incorporated by reference. The Department adopts Pub. L. No. 105-33(4735) which is incorporated by reference. The Department adopts Pub. L. No. 104-204(1805)(c) and (d) and 105-306(7)(a) and (c) which is incorporated by reference.

(2) The following definitions apply to this section: ~~definitions in R414-1 and R414-301 apply to this rule. In addition:~~

(a) "Eligible spouse" means the member of a married couple who is either aged, blind, or disabled ~~[An "in-kind support donor" means an individual who provides food or shelter without receiving full market value compensation in return].~~

(b) "In-kind support donor" means an individual who provides food or shelter without receiving full market value compensation in return.

(c) "Presumed maximum value" means the allowed maximum amount an individual is charged for the receipt of food and shelter. This amount shall not exceed 1/3 of the SSI payment plus \$20.

~~(c) "Benefit month" means a month in which an individual is eligible for Medicaid.]~~

(3) ~~[Current Department practices:~~

~~(a) Only the portion of a VA check to which the client is legally entitled is countable income. [For A, B, and D Medicaid, QMB, SLMB, and QI,] VA payments [which are based on need, and] for aid and attendance [payments] do not count as income. The portion of a VA payment which is made because of unusual medical expenses is not countable income. [For institutional and waiver recipients VA payments for aid and attendance and unusual medical expenses do not count as income; o] Other VA income based on need is countable income, but is not subject to the \$20 general income disregard.~~

~~(b) The value of special circumstance items is not countable income if the items are paid for by donors.]~~

~~(c) Death benefits are not countable income if the money is spent on the deceased person's burial or last illness.]~~

~~(d) For A, B and D Medicaid two-thirds of child support received a month is countable unearned income. It does not matter if the payments are voluntary or court-ordered. It does not matter if the child support is received in cash, in property, in payment of obligations or in-kind.~~

~~(e) For A, B and D Institutional Medicaid [a] court-ordered child support payments must be paid to the Office of Recovery Services (ORS) when the child resides out-of-home in a Medicaid 24-hour care facility. If the child has no income or insufficient income to provide for a personal needs allowance, ORS will allow the parent to retain up to the amount of the personal needs allowance to send to the child for personal needs. All other child support payments received by the child or guardian that are not subject to collection by ORS shall count as unearned to the child [received shall be counted as unearned income. It does not matter if the payments are voluntary or court-ordered. It does not matter if the child support is received in cash, in property, in payment of obligations or in-kind].~~

~~(f) The interest earned from a sales contract on either or both the lump sum and installment payments is countable unearned income when it is received or made available to the client.~~

~~(g) If the client, or the client and spouse do not live with an in-kind support donor, in-kind support and maintenance is the lesser of the value or the presumed maximum value [whichever is less,] of food or shelter received. If the client, or the client and spouse live with an in-kind support donor and do not pay a prorated share of household operating expenses, in-kind support and maintenance is the difference between the prorated share of household operating expenses and the amount the client, or the client and spouse actually pay, or the presumed maximum value, whichever is less.~~

~~(h) SSA reimbursements of Medicare premiums are not countable income.~~

~~(i) Reimbursements of a portion of Medicare premiums made by the state Medicaid agency to an individual eligible for QI-Group 2 coverage are not countable income.~~

~~(j) Payments under a contract, retroactive payments from SSI and SSA reimbursements of Medicare premiums are not considered lump sum payments.]~~

~~(k) Expenses relating to the fulfillment of a plan to achieve self-support are not allowed as deductions from earned income.]~~

~~(l) Educational loans, grants, and scholarships guaranteed by the U.S. Department of Education are not countable income if the recipient is an undergraduate. Income from service learning programs is not countable income if the recipient is an undergraduate. Deductions are allowed from countable educational income if receipt of the income depends on school attendance and if the client pays the expense. Allowable deductions include:~~

~~(i) tuition;~~

~~(ii) fees;~~

~~(iii) books;~~

~~(iv) equipment;~~

~~(v) special clothing needed for classes;~~

~~(vi) travel to and from school at a rate of 21 cents a mile, unless the grant identifies a larger amount;~~

~~(vii) child care necessary for school attendance.~~

~~(m) The following provisions apply [only to A, B and D Medicaid] to non-institutional medical assistance:~~

~~(a) For A, B, or D Medicaid, [t]he income of a spouse is not considered in determining Medicaid eligibility of a person who~~

receives SSI. SSI recipients who meet all other Medicaid eligibility factors are eligible for Medicaid without spending down.

~~[(b) If both spouses are eligible for A, B, or D Medicaid or QMB, SLMB, or QI assistance, the income of both spouses is combined to determine eligibility. After allowable deductions, the income is compared to the income level (BMS) for a household of two.~~

[(b) If an ineligible spouse of an aged, blind, or disabled person has more income after deductions than the allocation for a spouse, that income is deemed to be income to the aged, blind, or disabled spouse to determine eligibility.

[(c) The Department shall determine household size and whose income counts for A or D Medicaid as described below.

[(i) If only one spouse is aged or disabled;

[(A) income of the ineligible spouse is deemed to be income to the eligible spouse when it exceeds the allocation for a spouse. The combined income is then compared to 100% of the federal poverty guideline for a two-person household. If the combined income exceeds that amount, it is compared, after allowable deductions, to the BMS for two to calculate the spenddown.

[(B) If the ineligible spouse's income does not exceed the allocation for a spouse, only the eligible spouse's income is compared to 100% of the federal poverty guideline for one. If the income exceeds that amount, it is compared, after allowable deductions, to the BMS for one to calculate the spenddown.

[(ii) If both spouses are either aged or disabled, the income of both spouses is combined and compared to 100% of the federal poverty guideline for a two-person household. SSI income is not counted.

[(A) If the combined income exceeds that amount, and one spouse receives SSI, only the income of the non-SSI spouse, after allowable deductions, is compared to the BMS for a one-person household to calculate the spenddown.

[(B) If neither spouse receives SSI and their combined income exceeds the federal poverty guideline, then the income of both spouses, after allowable deductions, is compared to the BMS for a two-person household to calculate the spenddown.

[(d) The Department shall determine household size and whose income counts for B Medicaid as described below.

[(i) If the spouse of a blind client is aged, blind, or disabled and does not receive SSI, income of both spouses is combined and, after allowable deductions, compared to the BMS for a two-person household to calculate the spenddown. If the spouse of a blind client receives SSI, then only the income of the blind spouse is compared to the BMS for one.

[(ii) If the spouse is not aged, blind, or disabled, income is deemed to the blind spouse when it exceeds the allocation for a spouse, and, after allowable deductions, the combined income is compared to the BMS for two. If the ineligible spouse's income does not exceed the allocation for a spouse, only the blind spouse's income, after allowable deductions, is compared to the BMS for one person to calculate the spenddown.

[(e) The Department shall determine household size and whose income counts for QMB, SLMB, and QI assistance as described below.

[(i) If both spouses receive Part A Medicare, or one does and the other is aged, blind, or disabled, their income is combined and compared to the applicable percentage of the federal poverty guideline for a household of two. SSI income is not counted.

[(ii) If only one spouse receives Part A Medicare, and the other is not aged, blind, or disabled, income of the ineligible spouse is deemed to the eligible spouse when it exceeds the allocation for a spouse, and is compared to the applicable percentage of the federal poverty guideline for a household size of two. If the ineligible spouse's income does not exceed the allocation for a spouse, only the income of the eligible spouse is compared to the applicable percentage of the federal poverty guideline for a household size of one.

[(e)f] If any parent in the home receives SSI, the income of neither parent is considered to determine a child's eligibility for B or D Medicaid.

[(d)g] Payments for providing foster care to a child are countable income. The portion of the payment that represents a reimbursement for the expenses related to providing foster care is not countable income.

[(14) For institutional Medicaid, The Department shall only count the client in the household size and only count the client's income to determine contribution to cost of care.

### **R414-304-~~2~~3. Family Medicaid and Institutional Family Medicaid Unearned Income Provisions.**

(1) The Department adopts 42 CFR 435.725 through 435.8~~[45]~~32, 199[7]8 ed., and 45 CFR 233.20(a)(1), 233.20(a)(3)(iv), 233.20(a)(3)(v), ~~[233.20(a)(3)(xii);]~~ 233.20(a)(3)(xxi), 233.20(4)(ii), ~~[233.20(a)(6)(v)(B);]~~ and 233.51, 199[7]8 ed., which are incorporated by reference. The Department adopts Pub. L. No. 105-33 (4735) which is incorporated by reference.

(2) The following definitions apply to this section:

(a) A "bona fide loan" is a loan that has been contracted in good faith without fraud or deceit and genuinely endorsed in writing for repayment.

(b) "Unearned income" means cash received for which the individual performs no service.

(c) "Quarter" means any three month period that includes January through March, April through June, July through September or October through December.

(3) ~~[Current Department practices:~~

~~—(a) Bona fide loans are not countable income.~~

~~[(b)4] Support and maintenance assistance is not countable income.~~

~~[(e)5] The value of food stamp assistance is not countable income.~~

~~[(d)6] SSI and State Supplemental Payments are income for children receiving Child, Family, Newborn, or Newborn Plus Medicaid.~~

~~[(e)7] \$30 is deducted from rental income if that income is consistent with community standards. Additional deductions are allowed if the client can prove greater expenses. The following expenses in excess of \$30 may be allowed:~~

~~[(i) a] taxes and attorney fees needed to make the income available;~~

~~[(i) b] upkeep and repair costs necessary to maintain the current value of the property. This includes utility costs.~~

~~[(i) c] only the interest can be deducted on a loan or mortgage made for upkeep or repair;~~

~~[(i) d] if meals are provided to a boarder, the value of a one-person food stamp allotment.~~

(f)8 Cash gifts ~~for special occasions~~ that do not exceed \$30 a quarter per person in the assistance unit are not countable income. A cash gift may be divided equally among all members of the assistance unit.

(g)9 Deferred income is countable income when it is received by the client if receipt can be reasonably anticipated.

(h)10 The value of special circumstance items is not countable income if the items are paid for by donors.

(i)11 Home energy assistance is not countable income.

(j)12 All money received from an insurance settlement for destroyed exempt property is counted unless the income is used to purchase replacement property. If income received exceeds the money needed to replace the property, the difference is countable income.

(k)13 SSA reimbursements of Medicare premiums are not countable income.

(l)14 Payments from trust funds are countable income if the payments are not available on demand.

(m)15 ~~AFDC/FEP, General Assistance~~ Working Toward Employment Program payments, and Refugee Cash Assistance ~~is~~ are not countable income.

(n)16 Only the portion of a Veteran's Administration check to which the client is legally entitled ~~to~~ is countable income.

(o)17 When the entitlement amount of a check differs from the payment amount, the entitlement amount is countable income unless the deduction is involuntary.

(p)18 Deposits to joint checking or savings accounts are countable income, even if the deposits are made by a non-household member. Clients who dispute ownership of deposits to joint checking or savings accounts shall be given an opportunity to prove that the deposits do not represent income to them. Funds that are successfully disputed are not countable income.

(q)19 The income of an alien's sponsor is not countable income.

~~(r) Educational loans, grants, and scholarships guaranteed by the U.S. Department of Education are not countable income if the recipient is an undergraduate. Income from service learning programs is not countable income if the recipient is an undergraduate. Deductions are allowed from countable educational income if receipt of the income depends on school attendance and the client pays the expense. Allowable deductions include:~~

- ~~(i) tuition;~~
- ~~(ii) fees;~~
- ~~(iii) books;~~
- ~~(iv) equipment;~~
- ~~(v) special clothing needed for classes;~~
- ~~(vi) travel to and from school, at a rate of 21 cents a mile, unless the grant identifies a larger amount;~~
- ~~(vii) child care necessary for school attendance.]~~

(s)20 The interest earned from a sales contract on either or both the lump sum and installment payments is countable unearned income when it is received or made available to the client.

**R414-304-34. A, B and D Medicaid and A, B and D Institutional Medicaid Earned Income Provisions.**

(1) The Department adopts 42 CFR 435.725 through 435.8[45]32, 199[7]8 ed., and 20 CFR 416.1110 through 416.1112, 199[7]8 ed., which are incorporated by reference. The department adopts Subsection 1612(b)(4)(A) and (B) of the Compilation of the

Social Security Laws, [1991 ed., U.S. Government Printing Office, Washington, D.C.,] in effect January 1, 1999, which is incorporated by reference.

(2) ~~Current Department practices:~~

~~(a) The Department shall allow SSI recipients, who have a plan for achieving self support approved by the Social Security Administration, to set aside income that allows them to purchase work-related equipment or meet self support goals. This income is excluded and may include earned and unearned income.~~

(3) Expenses relating to the fulfillment of a plan to achieve self-support are not allowed as deductions from income.

(b)4 For A, B and D Medicaid, earned income used to compute a needs-based grant is not countable.

(c)5 For A, B and D Institutional Medicaid, \$125 shall be deducted from earned income before contribution towards cost of care is determined.

(d)6 For A, B and D Institutional Medicaid impairment-related work expenses are allowed as an earned income deduction.

(e)7 Capital gains are included in the gross income from self-employment. The cost of doing business is deducted from the gross income to determine the countable net income from self-employment. However, no deductions are allowed for the following business expenses:

- (i)a transportation to and from work;
- (ii)b payments on the principal for business resources;
- (iii)c net losses from previous periods;
- (iv)d taxes;
- (v)e money set aside for retirement;
- (vi)f work-related personal expenses;
- (vii)g depreciation.

(8) Net losses of self-employment from the current tax year may be deducted from other earned income.

**R414-304-45. Family Medicaid and Family Institutional Medicaid Earned Income Provisions.**

(1) The Department adopts 42 CFR 435.725 through 435.845, 199[7]8 ed. and 45 CFR 233.20(a)(6)(iii) through (iv), 233.20(a)(6)(v)(B), [233.20(a)(6)(ix)]233.20(a)(6)(vi) through (vii), and 233.20(a)(11), 199[7]8 ed., which are incorporated by reference.

(2) The following definitions apply to this section:

(a) "Full-time student" means a person enrolled for the number of hours defined by the particular institution as fulfilling full-time requirements.

(b) "Part-time student" means a person who is enrolled for at least one-half the number of hours or periods considered by the institution to be customary to complete the course of study within the minimum time period. If no schedule is set by the school, the course of study must be no less than an average of two class periods or two hours a day, whichever is less.

(c) "School attendance" means enrollment in a public or private elementary or secondary school, a university or college, vocational or technical school or the Job Corps, for the express purpose of gaining skills that will lead to gainful employment.

(d) "Full-time employment" means an average of 100 or more hours of work a month or an average of 23 hours a week.

(e) "Ratable reduction" means a 25% deduction of net income allowed in the AFDC program as in effect on June 16, 1996.

(f) "Aid to Families with Dependent Children" (AFDC) means a state plan for aid that was in effect on June 16, 1996.

(g) "Temporary Assistance to Needy Families" (TANF) means a grant program providing financial assistance to eligible families with dependent children. It is also referred to as Family Employment Program (FEP).

(3) ~~Current Department practices:~~

~~(a)~~ The income of a dependent child is not countable income if the child is:

(i)a) in school or training full-time;

(i)b) in school or training part-time, if employed less than 100 hours a month;

(i)c) in JTPA.

(b)4) For Family Medicaid the 30 and 1/3 deduction is allowed if the wage earner has received a ~~an AFDC~~ TANF financial payment in one of the four previous months ~~[AND]~~ and this disregard has not been exhausted. The AFDC rateable reduction is not allowed for Medicaid.

(c)5) For Family Institutional Medicaid, the Department shall not allow the AFDC rateable reduction ~~[shall not be allowed]~~ as a deduction.

(d)6) For Family Medicaid, the Department shall deduct child care costs ~~[are deducted]~~ from the earned income of clients working 100 hours or more in a calendar month. A maximum of up to \$200.00 per child under age 2 and \$175.00 per child age 2 and older may be deducted. A maximum of up to \$160.00 per child under age 2 and \$140.00 per child age 2 and older a month may be deducted from the earned income of clients working less than 100 hours in a calendar month.

(e)7) For Family Institutional Medicaid, the Department shall deduct child care costs ~~[are deducted]~~ from the earned income of clients working 100 hours or more in a calendar month. A maximum of up to \$160 a month per child may be deducted. A maximum of up to \$130 a month shall be deducted from the earned income of clients working less than 100 hours in a calendar month.

#### **R414-304-5]6. A, B and D Medicaid and Family Medicaid Income Deductions.**

(1) The Department adopts 42 CFR 435.831, 1997]8 ed., which is incorporated by reference.

(2) ~~Current Department practices:~~

~~(a)~~ The Department allows ~~[H]~~ health insurance premiums providing coverage for anyone in the family or the BMS ~~[are allowed]~~ as deductions in the month of payment. The entire payment is allowed as a deduction and is not prorated. ~~The Department shall not allow [H] health insurance premiums [are not allowed]~~ as a deduction for determining eligibility for the poverty-related medical assistance programs [aged and disabled poverty level Medicaid group, QMB, SLMB, or QI coverage].

(b)3) Medicare premiums are not allowed as deductions if the state reimburses the client.

(c)4) Medical expenses are allowed as deductions only if the expenses meet all of the following conditions:

(i)a) The medical service was received by the client, client's spouse, parent of an unemancipated client or unemancipated sibling of an unemancipated client, a deceased spouse or a deceased dependent child.

(i)b) The medical bill shall not be paid by Medicaid or a third party.

(iii)c) The medical bill remains unpaid or was paid during the month of application or at anytime in the ~~[3]three~~ months immediately preceding the month of application. The date the medical service was provided on an unpaid expense does not matter.

(d)5) A medical expense is not allowed as a deduction more than once.

(e)6) A medical expense allowed as a deduction must be for a medically necessary service. The Department of Health is responsible for deciding if services are not medically necessary.

(f)7) The Department shall not allow co-payments owed or paid by the client to receive Medicaid-covered services as a medical expense. ~~[QMB, SLMB, and QI clients are ineligible for assistance if countable income exceeds the income limit:~~

~~(g) Prenatal and Newborn Medicaid clients are ineligible for assistance if countable income exceeds the income limit.]~~

(8) For poverty-related medical assistance, an individual or household is ineligible if countable income exceeds the applicable income limit. Medical costs are not allowable deductions for determining eligibility for poverty-related medical assistance programs. No spenddown is allowed to meet the income limit for poverty-related medical assistance programs.

(h)9) As a condition of eligibility, clients must certify on Form 1049B that medical expenses in the benefit month are expected to exceed the spenddown amount. The client must do this when spenddown starts, at each review, and when the client chooses a different spenddown option. If medical expenses are less than or equal to the spenddown, the client is not eligible for that month. The client may elect to use allowable medical expenses the client still owes from previous months to reduce the spenddown so that expected medical expenses for the benefit month exceed the remaining spenddown owed.

(i)10) Pre-paid medical expenses are not allowed as deductions.

(j)11) The Department elects not to set limits on the amount of medical expenses that can be deducted.

(k)12) Clients may choose to meet their spenddown obligation by incurring medical expenses or by paying a corresponding amount to the ~~[local office]~~ Department. ~~[~~

~~(l) Medical costs are not allowable deductions for determining QMB, SLMB, or QI eligibility.~~

~~(m) Medical costs are not allowed as deductions for determining eligibility for the poverty level group of A and D Medicaid. No spenddown is allowed to meet the income limit for the poverty level group of A and D Medicaid.]~~

(n)13) For A, B and D Medicaid institutional costs are allowed as deductions if the services are medically necessary. The Department of Health is responsible for deciding if services for institutional care are not medically necessary.

(o)14) No one is required to pay a spenddown of less than \$1.

(p)15) Medicaid covered medical costs incurred in a current benefit month cannot be used to meet spenddown when the client is enrolled in an HMO. Bills for mental health services incurred in a benefit month cannot be used to meet spenddown if the client will be eligible for Medicaid and lives in a county which has a single mental health provider under contract with Medicaid to provide services to all Medicaid clients who live in that county. Bills for mental health services received in a retroactive or application month that the client has fully-paid during that time can be used to meet

spenddown as long as the services were not provided by the mental health provider in the client's county of residence which is under contract with Medicaid to provide services to all Medicaid clients.

**R414-304-[6]7. A, B, and D Institutional Medicaid and Family Institutional Medicaid Income Deductions.**

(1) The Department adopts 42 CFR 435.725 and 435.726, 199[7]8 ed., which [is]are incorporated by reference. The Department adopts Subsection 1902(r)(1)(~~†~~) and 1924 of the Compilation of the Social Security Laws, [~~1991~~ ed., U.S. Government Printing Office, Washington, D.C.]in effect January 1, 1999, which [is]are incorporated by reference.

(2) The following definitions apply to this section:

(a) "Family member" means a son, daughter, parent, or sibling of the client or the client's spouse who lives with the spouse.

(b) "Dependent" means earning less than \$2,000 a year, not being claimed as a dependent by any other individual, and receiving more than half of one's annual support from the client or the client's spouse.

(3) [~~Current Department practices:~~]Health insurance premiums:

~~[(a) Health insurance premiums providing coverage for anyone in the family are allowed as a deduction in the month due. The payment shall not be pro-rated.~~

~~[(†)(a) For institutionalized and waiver eligible clients, the Department shall allow health insurance premiums only for the institutionalized or waiver eligible client and only if paid with the institutionalized or waiver eligible client's funds. Health insurance premiums are allowed as a deduction in the month due. The payment shall not be pro-rated.~~

~~[(†)b] The Department shall allow the portion of a combined premium, attributable to the institutionalized or waiver-eligible client, as a deduction if the combined premium includes a spouse or dependent family member and is paid from the funds of the institutionalized or waiver eligible client.~~

~~[(b)4] Medicare premiums are not allowed as deductions if the state pays the premium or reimburses the client.~~

~~[(c)5] Medical expenses are allowed as deductions only if the expenses meet all of the following conditions:~~

~~[(f)a] the medical service was received by the client;~~

~~[(†)b] the unpaid medical bill shall not be paid by Medicaid or a third party;~~

~~[(†)c] the paid medical bill can be allowed only in the month paid. No portion of any paid bill can be allowed after the month of payment.~~

~~[(d)6] A medical expense is not allowed as a deduction more than once.~~

~~[(e)7] A medical expense allowed as a deduction must be for a medically necessary service. The Department of Health is responsible for deciding if services are not medically necessary.~~

~~[(f)8] Pre-paid medical expenses are not allowed as deductions.~~

~~[(10) The Department shall not allow co-payments a client owes or paid to receive Medicaid-covered services as a medical expense.~~

~~[(g)10] The Department elects not to set limits on the amount of medical expenses that can be deducted.~~

~~[(h)11] Institutionalized clients are to contribute all countable income remaining after allowable deductions to the institution as their contribution to the cost of their care.~~

~~[(i)12] The personal needs allowance is \$45.~~

~~[(j)13] An Individual receiving assistance under the terms of a Home and Community-Based Services Waiver is eligible to receive a deduction for a non-institutionalized, non-waiver-eligible spouse and dependent [minor child]family member as if that individual were institutionalized.~~

~~[(k) A deduction for a spouse or dependent family member is allowed only if the institutionalized or waiver client contributes money to the spouse or dependent family member.~~

~~[(l) The minimum monthly maintenance needs allowance is the difference between the total gross income of the spouse at home and an amount equal to 150% of the federal poverty limit for a household of two. An amount is also allowed for the excess shelter costs of the spouse at home. The excess shelter cost is the amount of the actual shelter expenses, plus a utility allowance, minus 30% of the above mentioned federal poverty limit. The total deduction for a spouse cannot exceed the established amount unless the client has a court order requiring a greater deduction.]~~

~~[(m)14] Income received by the spouse or dependent family member is counted in calculating the deduction if that type of income is countable to determine Medicaid eligibility. No income disregards are allowed. Certain [N]needs-based income and state supplemental payments are not counted in calculating the deduction. Tribal income is counted.~~

~~[(n)15] If the income of a spouse or dependent family member is not reported, no deduction shall be allowed for the spouse or dependent family member.~~

~~[(o) The family allowance for each family member of an institutionalized client is not to exceed one third of the amount by which the minimum monthly maintenance allowance exceeds the monthly income of that family member.]~~

~~[(p)16] A client is not given Medicaid coverage if medical costs are not at least equal to the contribution required towards the cost of care.~~

~~[(q)17] The standard utility allowance for households with heating costs is \$150. For households without heating costs, actual utility costs are used. The maximum allowance for a telephone bill is \$20. Clients are not required to verify utility costs more than once in a certification period.~~

~~[(r)18] Medicaid covered medical costs incurred in a current benefit month cannot be used to meet spenddown when the client is enrolled in an HMO. Bills for mental health services incurred in a benefit month cannot be used to meet spenddown if the client will be eligible for Medicaid and lives in a county which has a single mental health provider under contract with Medicaid to provide services to all Medicaid clients who live in that county. Bills for mental health services received in a retroactive or application month that the client has fully-paid during that time can be used to meet spenddown as long as the services were not provided by the mental health provider in the client's county of residence which is under contract with Medicaid to provide services to all Medicaid clients.~~

**R414-304-[7]8. Budgeting.**

(1) The Department adopts 42 CFR 435.601 and 435.640, 199[7]8 ed., which [is]are incorporated by reference. The

Department adopts 45 CFR 233.20(a)(3)(iii), 233.31, and 233.33, 199[7]8 ed., which are incorporated by reference.

(2) The following definitions apply to this section:

(a) "Best estimate" means that income is calculated for the upcoming certification period based on current information about income being received, expected income deductions, and household size~~[on a best guess of household income, deductions and size during the upcoming certification period]~~.

(b) "Prospective eligibility" means that eligibility is determined each month for the immediately following month based on a best estimate of income.

(c) "Prospective budgeting" is the ~~[calculation of]~~process of calculating income and determining [benefit level]eligibility and spenddown for future months based on the best estimate of income, deductions, and household size.

(d) "Income averaging" means using a history of past income and expected changes, and averaging it over a determined period of time that is representative of future monthly income.

(e) "Income anticipating" means using current facts regarding rate of pay and number of working hours to anticipate future monthly income.

(f) "Income annualizing" means using total income earned during one or more past years, or a shorter applicable time period, and anticipating any future changes, to estimate the average annual income. That estimated annual income is then divided by 12 to determine the household's average monthly income.~~[taking past income over a long period of time and calculating a monthly amount based on it. Self-employed households or seasonal workers may have their income annualized.]~~

(g) "Factoring" means that a monthly amount shall be determined to take into account the months of pay where an individual receives a fifth paycheck when paid weekly or a third paycheck when paid every other week. Weekly income shall be factored by multiplying the weekly amount by 4.3 to obtain a monthly amount. Income paid every other week shall be factored by 2.15 to obtain a monthly amount.

(h) "Reportable income changes" are those that cause income to change by more than \$25. All income changes must be reported for an institutionalized individual.

(3) ~~[Current Department practices:~~

~~(a) ]The Department shall do [F]prospective budgeting[~~shall be done~~]~~ on a monthly basis.

~~(b) ]~~ A best estimate of income based on the best available information is an accurate reflection of client income in that month.

~~(c) ]~~ The Department shall use [F]the best estimate of income to be received or made available to the client in a month[~~shall be used~~] to determine eligibility and spenddown.

~~(d) ]~~ Methods of determining the best estimate are income averaging, income anticipating, and income annualizing.

~~(e) ]~~ The Department shall count [F]income in the following manner:

~~(f) ]~~ (a) For QMB, SLMB, QI, and A, B, D, and Institutional Medicaid income shall be counted as it is received. Income that is received weekly or every other week shall not be factored.

~~(f) ]~~ (b) For Family Medicaid programs, income that is received weekly or every other week shall be factored.

~~(f) ]~~ (8) Lump sums are income in the month received. Any amount of a lump sum remaining after the end of the month of

receipt is a resource. Lump sum payments can be earned or unearned income.

~~(g) ]~~ (9) Income paid out under a contract is prorated to determine the countable income for each month. Only the prorated amount is used to determine spenddown or eligibility for a month. If the income is received in fewer months than the contract covers, the income is prorated over the period of the contract. If received in more months than the contract covers, the income is prorated over the period of time in which the money is received.

~~(h) ]~~ (10) To determine the average monthly income for [F]farm and self-employment income, the Department shall determine the annual income earned during one or more past years, or other applicable time period, and factor in any current changes in expected income for future months. Less than one year's worth of income may be used if this income has recently begun, or a change occurs making past information unrepresentative of future income. The monthly average income shall be adjusted during the year when information about changes or expected changes is received by the Department.~~[is prorated to determine the monthly countable income. If farm income or self-employment income is received less often than monthly, the income is prorated over the number of months in which it was earned.]~~

~~(i) ]~~ (11) Student income received other than monthly is prorated to determine the monthly countable income. This is done by dividing the total amount by the number of calendar months classes are in session.

~~(j) ]~~ (12) Income from Indian trust accounts not exempt by federal law is prorated to determine the monthly countable income when the income varies from month to month, or it is received less often than monthly. This is done by dividing the total amount by the number of months it covers.

~~(k) ]~~ (13) Eligibility for retroactive assistance is based on the income received in the month for which retroactive coverage is sought. When income is being prorated or annualized, then the monthly countable income determined using this method is used for retroactive benefit months, except when the income was not being received during, and was not intended to cover, the retroactive months.

#### **R414-304-[8]9. Income Standards.**

(1) The Department adopts Sections 1902(a)(10)(E), 1902(l), 1902(m), 1903(f) and[Section] 1905(p) of the Compilation of the Social Security Laws, ~~[1993 ed., U.S. Government Printing Office, Washington, D.C.]in effect January 1, 1999,~~ which ~~[is]are~~ incorporated by reference.

(2) ~~[Current Department practices:~~

~~(a) ]~~ To qualify for the QMB program, income must be equal to or less than 100% of the federal non-farm poverty level.

~~(b) ]~~ To qualify for the SLMB program, income must exceed the QMB limit and be less than 120% of the Federal non-farm poverty level.

~~(c) ]~~ To qualify for the QI-Group 1 program, income must exceed the SLMB limit and be less than 135% of the Federal non-farm poverty level.

~~(d) ]~~ To qualify for the QI-Group 2 program, income must exceed the QI-Group 1 limit and be less than 175% of the Federal non-farm poverty level.

~~(e) ]~~ The Aged and Disabled poverty~~[level group]-related~~ Medicaid income standard is 100% of the federal non-farm poverty



[~~level~~]guideline. If an Aged or Disabled person's income exceeds this amount the current Medicaid Income Standards (BMS) apply.

(3) The income limit for pregnant women, and children under one year of age, is equal to 133% of the federal poverty guideline for a family of the size involved. If income exceeds this amount, the current Medicaid Income Standards (BMS) apply.

(~~f~~4) The current Medicaid income standards (BMS) are as follows:

Household Size	Medicaid Income Standard (BMS)
1	382
2	468
3	583
4	683
5	[ <del>776</del> ]777
6	[ <del>856</del> ]857
7	[ <del>895</del> ]897
8	938
9	982
10	1,023
11	[ <del>1,065</del> ]1,066
12	1,108
13	1,150
14	[ <del>1,191</del> ]1,192
15	[ <del>1,235</del> ]1,236
16	[ <del>1,278</del> ]1,277
17	[ <del>1,319</del> ]1,320
18	1,364

**R414-304-[9]10. A, B and D Medicaid, QMB, SLMB, and QI Filing Unit.**

(1) The Department adopts 42 CFR 435.601 and 435.602, 199[7]8 ed., which are incorporated by reference. The Department adopts Subsections 1902(l)(1), (2), and (3), 1902(m)(1) and (2), and 1905(p) of the Compilation of the Social Security Laws, [~~1993 ed., U.S. Government Printing Office, Washington, D.C.]in effect January 1, 1999, which [is]are incorporated by reference.~~

(2) [~~The basic maintenance standard (BMS) is the income limit used to determine eligibility.~~]The following individuals are counted in the BMS for A, B and D Medicaid[~~includes all of the following individuals~~]:

- (a) the client;
- (b) a spouse who lives in the same home, if the spouse is eligible for A, B, or D Medicaid[~~];~~
- (c) a spouse who lives in the same home, if the spouse is also eligible for A, B, or D Medicaid, but has deemable income above the allocation for a spouse.

(3) The following individuals are counted in the BMS for A or D poverty-related Medicaid:

- (a) the client;
- (b) a spouse who lives in the same home, if the spouse is also eligible for A or D Medicaid, regardless of the type of income the spouse receives;
- (c) a spouse who lives in the same home, if the spouse is not eligible for A or D Medicaid, if the spouse has deemable income above the allocation for a spouse.

(~~3~~4) The following individuals are counted in the BMS for a QMB, SLMB, or QI case[~~includes all of the following individuals~~]:

- (a) the client;

(b) a spouse living in the same home who receives Part A Medicare[~~] or is Aged, Blind, or Disabled;~~

(c) a spouse living in the same home who does not receive Part A Medicare and is not Aged, Blind, or Disabled, if the spouse has deemable income above the allocation for a spouse.

(~~4~~5) Eligibility [~~and spenddown~~]for A, B and D Medicaid and the spenddown, if any; A and D poverty-related Medicaid; and OMB, SLMB, and QI programs [~~are~~]is based on the income of the following individuals:

- (a) the client;
- (b) parents living with the minor client;
- (c) a spouse, if the spouse is counted in the BMS as defined in 2, 3, or 4 of this section.

~~(5) No spenddown is allowed for QMB, SLMB, or QI programs.]~~

(6) If a person is "included" in the BMS, it means that family member is counted as part of the household and his or her income and resources are counted to determine eligibility for the household, whether or not that family member receives medical assistance.

**R414-304-[10]11. Family Medicaid Filing Unit.**

(1) The Department adopts 42 CFR 435.601 and 435.602, 45 CFR 206.10(a)(1)(iii), 233.20(a)(1) and 233.20(a)(3)(vi), 199[7]8 ed., which [is]are incorporated by reference.

(2) [~~Current Department practices:~~  
~~(a)]Any unemancipated minor child may be excluded from the Medicaid coverage group at the request of the specified relative responsible for the children. An excluded child is considered an ineligible child and is not counted as part of the BMS for deciding what income limit is applicable to the family. Income and resources of an excluded child are not considered when determining eligibility or spenddown.~~

(~~b~~3) The Department shall not use a[~~A~~] grandparent's income[ ~~is not used~~] to determine eligibility or spenddown for a minor child, and the grandparent is not counted in the BMS. A cash contribution from the grandparents received by the minor child or parent of the minor child is countable income.

(~~c~~4) If anyone in the BMS is pregnant, the unborn child is included in the BMS. If a medical authority confirms that the pregnant woman will have more than one child, all of the unborn children are included in the BMS.

(~~d~~5) If a child is voluntarily placed in foster care and is in the custody of a state agency, the parents are included in the BMS.

(~~e~~6) Parents who have relinquished their parental rights are not included in the BMS.

(~~f~~7) If a court order places a child in the custody of the state, and the child is temporarily placed in an institution, the parents are not included in the BMS.

(8) If a person is "included" in the BMS, it means that family member is counted as part of the household and his or her income and resources are counted to determine eligibility for the household, whether or not that family member receives medical assistance.

**R414-304-[11]12. A, B and D Institutional and Waiver Medicaid and Family Institutional Medicaid Filing Unit.**

(1) For A, B, and D institutional, and home and community-based waiver Medicaid, the Department shall not use income of the client's parents [~~and~~]or the client's spouse[ ~~shall not be used~~] to determine eligibility and spenddown.

(2) For Family institutional, and home and community-based waiver Medicaid programs, the Department adopts 45 CFR 206.10(a)(1)(vii), 199[7]8 ed., which is incorporated by reference.

(3) ~~The Department shall base [E]eligibility and spenddown[ shall be based]~~ on the income of the client and the sponsor of an alien who is subject to deeming according to the rules described in 20 CFR 416.1166a, 199[7]8 ed., which is incorporated by reference.

**KEY: financial disclosure, income, budgeting**  
~~February 25, 1999~~ **26-18-1**  
**Notice of Continuation February 6, 1998**

◆ ————— ◆

**Health, Health Care Financing,  
 Coverage and Reimbursement Policy**  
**R414-309**  
**Utah Medical Assistance Program**  
**(UMAP)**

**NOTICE OF PROPOSED RULE**  
 (Amendment)  
 DAR FILE NO.: 22380  
 FILED: 09/15/1999, 09:07  
 RECEIVED BY: NL

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** This rule establishes guidelines for providing medically necessary care to low-income clients who are not eligible for Medicare or Medicaid. The change is a cost containment measure so that UMAP can remain within its available budget.

**SUMMARY OF THE RULE OR CHANGE:** The effective date of eligibility for UMAP coverage will begin on the date that a completed and signed application is received by the Department. There will be no provision for retroactive UMAP assistance.

**STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Sections 26-1-5 and 26-18-10  
**FEDERAL REQUIREMENT FOR THIS RULE:** Pub. L. No. 105-33, August 1997

**THIS RULE OR CHANGE INCORPORATES BY REFERENCE THE FOLLOWING MATERIAL:** Pub. L. No. 105-33, August 1997

**ANTICIPATED COST OR SAVINGS TO:**  
 ♦ **THE STATE BUDGET:** By eliminating retroactive coverage, the state will save approximately \$105,000 annually.  
 ♦ **LOCAL GOVERNMENTS:** This rule has no application to local government, so there should not be a fiscal impact.  
 ♦ **OTHER PERSONS:** This rule change will leave otherwise eligible persons responsible for medical bills incurred prior to the date of application for assistance. Health care providers will likely not be paid for all of these medical services. Each

group will bear some portion of the \$105,000 savings that the state will realize.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** There will be no cost to affected persons related to complying with this rule, except as described in the explanation for "other persons" above.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** Funding limitations on the UMAP program require that significant cuts be made to stay within the budget. This change will have a relatively small impact on health care providers and is justified--Rod L. Betit

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Health  
 Health Care Financing,  
 Coverage and Reimbursement Policy  
 Cannon Health Building  
 288 North 1460 West  
 PO Box 143102  
 Salt Lake City, UT 84114-3102, or  
 at the Division of Administrative Rules.

**DIRECT QUESTIONS REGARDING THIS RULE TO:**  
 Gayleen Henderson at the above address, by phone at (801) 538-6135, by FAX at (801) 538-6952, or by Internet E-mail at ghenders@email.state.ut.us.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Rod L. Betit, Executive Director

**R414. Health, Health Care Financing, Coverage and Reimbursement Policy.**

**R414-309. Utah Medical Assistance Program (UMAP).**

**R414-309-[90]1. UMAP General Eligibility Requirements.**

(1[-]) The [d]Department [requires compliance]complies with Section 26-18-10. The [d]Department adopts ~~[Pub. L. No. 104-193 (412), (431), and (435), which is incorporated by reference as amended by]Pub. L. No. 105-33(5302)(c)(2) and (3), (5306)(d), (5307(a), (5563), (5566), and (5571), which is incorporated by reference. [The department adopts Pub. L. No. 105-33 (5307)(a), and (5566).]~~

(2[-]) The definitions in R414-1 and R414-301 apply to this rule. In addition, [F]the following definitions apply to this section:

(a[-]) "Unearned income" means cash received by an individual for which the individual performs no service.

(b[-]) "Full-time" employment means an average of 100 or more hours of work per month or an average of 23 hours per week.

(c[-]) A "bona fide" loan means a loan [which]that has been contracted in good faith without fraud or deceit and genuinely endorsed in writing for repayment.

(d[-]) "Disregard" means a portion of income that is not counted.

(3[-]) Conditions of eligibility for UMAP:  
 (a[-]) Medical need is not a requirement for UMAP eligibility.  
 (b[-]) An individual ineligible for Medicaid because of resources is not eligible for UMAP assistance.

(c[-]) Individuals ineligible for Medicaid because they will not spenddown or because their medical expense is less than the spenddown, are not eligible for UMAP assistance.

(4[-]) Citizenship requirements for UMAP:

(a[-]) Temporary entrants into the U.S. and those who have no registration card are not eligible for UMAP assistance. To be eligible for UMAP, the individual must be one of the following:

(i[-]) U.S. born or a naturalized citizen;

(ii[-]) An American Indian born in Canada to whom the provisions of section 289 of the Immigration and Nationality Act apply, or who is a member of an Indian tribe as defined in section 4(e) of the Indian Self-determination and Education Assistance Act;

(iii[-]) Residents from Freely Associated States;

(iv[-]) A qualified alien, as defined in Pub. L. No. 104-193 (431), as amended by Pub. L. No. 105-33(5302)(c)(3), (5562), and (5571) who was admitted into the United States prior to August 22, 1996.

(v[-]) A qualified alien, newly admitted into the United States on or after August 22, 1996, is not eligible for UMAP services for five years from the person's date of entry into the United States, unless the person is:

(i[-]) A refugee admitted under section 207 of the Immigration and Nationality Act;

(ii[-]) An individual granted asylum under section 208 of the Immigration and Nationality Act;

(iii[-]) An individual whose deportation has been withheld under section 243(h) of the Immigration and Nationality Act, (as in effect immediately before the effective date of section 307 of division C of Pub. L. No. 104-208) or section 241(b)(3) of such Act (as amended by section 305(a) of division C of Pub. L. No. 104-208);

(iv[-]) A Cuban and Haitian entrant as defined in section 501(e) of the Refugee Education Assistance Act of 1980;

(v[-]) An Amerasian immigrant pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988 (as contained in section 101(e) of Pub. L. No. 100-202 and amended by the 9th proviso under MIGRATION AND REFUGEE ASSISTANCE in title II of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, [m] 1989, Pub. L. No. 100-461, as amended);

(vi[-]) An honorably discharged veteran from the Armed Forces of the United States, the spouse of a United States veteran, or the unremarried spouse of a deceased United States veteran;

(vii[-]) An individual on active duty in the Armed Forces of the United States or the spouse of such an individual;

(viii[-]) A Hmong or Highland Lao veteran who fought on behalf of the Armed Forces of the United States during the Vietnam conflict who has been lawfully admitted to the United States for permanent residence is considered a veteran for the purpose of determining eligibility.

(5[-]) Residence requirements for UMAP:

(a[-]) To be eligible for UMAP assistance, an individual must be a Utah resident. To be considered a Utah resident, a person must meet one of the following guidelines:

(i[-]) The client must live in Utah for 30 days prior to the need for medical services.

(ii[-]) The client must show intent to reside in the state permanently. If a client shows intent to reside in the State permanently, eligibility can begin no earlier than the date the client entered the state.

(iii[-]) Any person who is a resident of a prison, jail or halfway house is not eligible for UMAP assistance. A person may qualify in the month in which he enters or leaves a prison, jail or halfway house. The program will not pay for services while the person is in custody. It does not matter if the condition was pre-existing. No payment will be made for any medical problems which arise during the commission of a crime or during an arrest.

(6[-]) All recipients of General Financial Assistance (GA) are eligible for UMAP assistance.

(7[-]) Income eligibility calculation for UMAP:

(a[-]) Eligibility for UMAP is based on a best estimate of income as follows:

(i[-]) The department shall budget income and determine the best estimate in the same manner as Medicaid in R414-304-[40]7.

(ii[-]) The department shall count all income received except:

(i[-]) a bona fide loan of money which must be repaid;

(ii[-]) rental subsidies;

(iii[-]) trust funds that are not available on demand;

(iv[-]) GA, AFDC, or Refugee Cash Assistance (RCA) grants;

(v[-]) HEAT assistance;

(vi[-]) attendant care received by a handicapped person from the Division of Services to the Handicapped if the money is used to pay for attendant care, and the person providing the care is not included in the household's basic maintenance standard (BMS);

(vii[-]) insurance settlements for destroyed property, if the income is actually used to replace the property. If the insurance settlement is more than the replacement cost of the new property, the difference is counted as income.

(viii[-]) unearned income in-kind.

(ix[-]) special payments to American Indians.

(x[-]) The following deductions are allowed:

(i[-]) payments for a health or accident insurance policy;

(ii[-]) federal taxes are determined by multiplying the number of exemptions by \$162.50, subtracting that amount from the wages, and comparing the remainder to the appropriate tax tables for a single or married person. Tax computation is as follows:

TABLE

Single Person Including Head of Household.			
Wages	Income Tax		
<\$ 89	\$ 0		
89 - 1,575	0	plus 15% of Excess Over	\$ 89
1,576 - 3,683	223.13	plus 28% of Excess Over	1,576
3,684 - 8,461	831.46	plus 33% of Excess Over	3,684
8,462 +	2,390.03	plus 28% of Excess Over	8,462
Married Person Including Head of Household.			
Wages	Income Tax		
<\$ 255	\$ 0		
255 - \$ 2,733	0	plus 15% of Excess Over	\$ 255
2,734 - 6,246	371.88	plus 28% of Excess Over	2,734
6,247 - 15,422	1,355.38	plus 33% of Excess Over	6,247
15,423 +	4,383.40	plus 28% of Excess Over	15,423

~~(c)~~(iii) state taxes, as determined by multiplying the federal tax by .45;

~~(d)~~FICA. If the client is self-employed, this is determined by multiplying monthly earnings by .1503. If the client is not self-employed, this is determined by multiplying monthly earnings by .0765.

~~(iii)~~(c) Compare the figure derived from the above calculation to the BMS for the household size. This figure is called countable income. Persons with countable income above the BMS may spenddown to the BMS level, if the spenddown amount is \$50.00 or less. The Department will not collect a spenddown for amounts less than \$1.00.

~~(iv)~~(d) The UMAP income standard is as follows:

TABLE

Household Size	UMAP Income Standard (BMS)
1	337
2	413
3	516
4	602
5	686
6	756
7	792
8	829
9	868
10	904
11	941
12	978
13	1016
14	1053
15	1090
16	1128

~~(8)~~(7) When an individual's check amount differs from the entitlement amount, the check amount is used to determine income eligibility only if the reduction is involuntary.

~~(9)~~(7) Self-employment income:

~~(a)~~Income from self-employment is counted. Deductions are allowed for the cost of doing business. Allowable deductions include:

- ~~(i)~~(a) labor;
- ~~(ii)~~(b) stock;
- ~~(iii)~~(c) raw materials;
- ~~(iv)~~(d) seed and fertilizer;
- ~~(v)~~(e) taxes and interest paid for income-producing property;
- ~~(vi)~~(f) insurance premiums;
- ~~(vii)~~(g) transportation costs only if the person must move from place to place in the course of business.

~~(b)~~(10) Deductions for income-producing property include:

- ~~(i)~~(a) property taxes;
- ~~(ii)~~(b) insurance;
- ~~(iii)~~(c) incidental repairs;
- ~~(iv)~~(d) advertising;
- ~~(v)~~(e) landscaping;
- ~~(vi)~~(f) utilities.

~~(c)~~(11) The cost of an addition or increase in value of the rental property is not allowed as a deduction.

~~(4)~~(12) UMAP budgeting methods:

a. Income shall be budgeted prospectively. Information provided by the client is used to determine the amount of income the client expects to receive during the eligibility period.

b. Farm and self-employment income is prorated over the number of months in which the money was earned if the income is received less often than monthly. The prorated amount is counted for the same number of months in which the money was earned. The month in which the money was received is counted as the first month, even if the money is not actually earned in that month.

c. Student grants and scholarships are prorated over the number of months the grants or scholarships are intended to cover. The first month it is intended to cover is the first budget month. If it is received after the first month it is intended to cover, the client is not liable for an understated liability based on receipt of this income.

d. Deferred income counts when it is available if it is not deferred by choice. If it is deferred by choice, it is counted for the months it could have been received.

e. Only student income and farm or self-employment income are prorated.

f. Lump sum payments can be earned or unearned income. Lump sums are income in the month received. An overpayment may exist for the month of receipt. Any amount remaining will count as a resource for the month following the month of receipt.

~~(11)~~(13) ~~Retroactive~~UMAP coverage begins the date a completed, signed application is received by the Department. There is no provision for retroactive UMAP coverage.~~[no earlier than the first day of the month prior to the month of application. Coverage begins no later than the first day of the month in which an individual is determined eligible.]~~

~~(12)~~(14) The income of all individuals included in the BMS is used to determine eligibility.

~~(13)~~(15) Individuals included in the UMAP BMS:

a. A legally married spouse is included in the BMS if the couple lives together or they have not been separated more than six months. The spouse is not included if the couple is legally separated.

b. An unmarried person of the opposite sex who lives with the client is included in the BMS if the client is emancipated and the couple present themselves to the community as husband and wife.

c. Unemancipated children living with the client are included in the BMS if the client is emancipated. This includes natural, adopted, or stepchildren. Unborn children are not included in the BMS.

d. Parents living with the client are included in the BMS if the client is unemancipated. This includes natural, adopted or stepparents.

e. Unemancipated children of the client's parents are included in the BMS if they live with the parents and the client is unemancipated.

~~(14)~~(16) The client must report any change which may affect eligibility within ten days of the day the client learns of the change. Clients must report income from a new source within ten calendar days of the date the client receives money from that new source.

~~(15)~~(17) UMAP resource requirements:

a. The resource limit is \$500 for a BMS of one and \$750 for a BMS of two or more.

b. Countable resources include anything of value that is available to the person. When a person is part owner of property, the property is a resource only if the person has a legal right to sell the property. Only the equity value of the resource is counted.

c. If the resource limit is met at any time in the month, it is met for the entire month.

d. The following resources are exempt and are not counted to determine eligibility:

- i. one home, including a mobile home;
- ii. the lot upon which the home stands if the home is occupied by the client. If the lot on which the home stands exceeds the average size of residential lots in the community where it is, the equity value of the property that is larger than an average size lot is a resource;
- iii. water rights attached to the home or lot occupied by the client;
- iv. Contents of the home worth less than \$1000 that are essential to daily living;
- v. one vehicle;
- vi. an irrevocable burial trust;
- vii. one burial plot or space for any member of the client's immediate family;
- viii. funds from a student loan, grant, or scholarship are exempt until the month following the end of the period the loan, grant, or scholarship is intended to cover;
- ix. a life estate which serves as the primary residence of the client;
- x. Lump sum insurance payments for destroyed property if the available money is used within ninety days to replace the destroyed property. All other lump sums are a resource in the month following the month of receipt.

e. The resources of everyone in the BMS are counted to determine eligibility.

f. Individuals are not sanctioned for transferring resources unless the transfer was made to become eligible for UMAP. If property is transferred in order to meet resource limitations, the person is ineligible for the month the transfer is made, and for the next five months. If the client regains the transferred resource and uses the resource to meet normal expenses, the sanction will be removed.

[16:](18) The UMAP clinic in Utah, Weber, Morgan, and Salt Lake Counties shall determine what services they will cover. The worker in all other counties shall determine what services they will cover.

[17:](19) Cooperation in collecting third party liability information is an eligibility requirement for UMAP assistance.

**KEY: UMAP**

~~May 18, 1998~~ 1999 26-18

Notice of Continuation February 6, 1998

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# Health, Health Systems Improvement, Child Care Licensing **R430-100** Child Care Center

## NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 22360

FILED: 09/03/1999, 14:47

RECEIVED BY: NL

### RULE ANALYSIS

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** This rule change implements the provisions of S.B. 167 (Child Care Licensing Amendments), which apply to child care centers. Some modifications have been requested by Department of Health (DOH) legal counsel to clarify the intent of the previous rule, which was considered ambiguous, and to include by reference other DOH rule changes for tuberculosis (TB) testing.

**(DAR Note:** S.B. 167 is found at 1999 Utah Laws 77, and was effective March 17, 1999.)

**SUMMARY OF THE RULE OR CHANGE:** Deletes some requirements for maintaining records on-site at child care centers, modifies the tuberculosis (TB) testing requirement and eliminates the biannual retesting for child care providers; permits the provider to not count the employee's children in the group ratios for groups four-and-over; adds the requirement for maintaining hot water temperatures under 120-degrees to prevent scalding.

**STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 26, Chapter 39

**ANTICIPATED COST OR SAVINGS TO:**

❖**THE STATE BUDGET:** Changes to this rule do not require an increased workload to the Bureau.

❖**LOCAL GOVERNMENTS:** Changes to this rule do not require local governments any increase in workload. A savings to local health departments shall be realized since the rule eliminates the biannual retesting for TB screening.

❖**OTHER PERSONS:** Total aggregate savings=\$10,000. The rule requires each new employee to have a TB test at \$5. If the centers employ 500 new employees annually due to turnover, the annual cost would be \$2,500. However, this is not a change to the current rule. The aggregate savings to the child care centers occurs due to the savings of eliminating the retest for approximately 2,500 employees at \$5, or a savings of \$12,500. If 2% of the employees had tested positive in the past and were required to obtain a chest x-ray, an additional savings will be realized of \$50 x 50 employees for a total of \$2,500. Child care centers will save an undetermined amount since employee's children over four will not be counted for determining the maximum group size

COMPLIANCE COSTS FOR AFFECTED PERSONS: A savings of \$100 per child care program. Justification: If a program has 10 employees who will not be required to retest for TB. If one of the employees had tested positive in the past, then the employee will also save the cost of a chest x-ray of \$50.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This rule appropriately reduces costs for regulated businesses--Rod L. Betit

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Health  
Health Systems Improvement,  
Child Care Licensing  
Cannon Health Building  
288 North 1460 West  
PO Box 142003  
Salt Lake City, UT 84114-2003, or  
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

Debra Wynkoop-Green at the above address, by phone at (801) 538-6152, by FAX at (801) 538-6325, or by Internet E-mail at [dwynkoop@doh.state.ut.us](mailto:dwynkoop@doh.state.ut.us).

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Rod L. Betit, Executive Director

### **R430. Health, Health Systems Improvement, Child Care Licensing.**

#### **R430-100. Child Care Center.**

##### **R430-100-5. Administration and Organization.**

(1) The licensee shall exercise supervision over the affairs of the facility and establish policies to comply with this rule.

(2) Duties and responsibilities of the licensee include the following:

(a) Compliance with federal, state, and local laws and for the overall organization, management, operation, and control of the facility;

(b) Establishment of policies and procedures for the health and safety of children in the facility; and

(c) Appoint, in writing, a qualified director who shall assume full responsibility for the day-to-day operation and management of the facility.

(3) The director or designee of a child care center shall have sufficient freedom from other responsibilities to manage the facility and shall be on the premises during operating hours.

(4) The director of the child care center shall have the following qualifications:

(a) Be at least 21 years of age to be a child care center director;

(b) Have knowledge of applicable laws and rules; and

(c) Except for directors of child care centers who are listed as director on a child care license before January 1, 1998, the child care center director must have a high school diploma or GED equivalent and one of the following:

(i) A bachelor's or associate's degree in Early Childhood or Child Development, or a bachelor's degree in a related field and proof of passing four higher education courses in child development; or

(ii) A national or state certification such as a Certified Childcare Professional, National Administrator Credential, Child Development Associate (CDA), or other credential that the licensee demonstrates to the Department as equivalent.

(5) Duties and responsibilities of the director include the following:

(a) Designate, in writing, a competent care giver who is at least 21 years of age to act as director in his temporary absence;

(b) Recruit, employ, and train staff to meet the needs of the children;[

~~(c) Maintain a six-month record of daily work schedules;]~~

~~(d)~~ Review reports of every injury, incident and accident to a child or care giver, take appropriate action, and document corrective action taken;

~~(e)~~ On the day of discovery, notify the child's parents and document how notification was completed if there was any accident, injury, medical emergency, or exposure to communicable disease or infestation, such as lice.

~~(f)~~ Notify the nearest peace officer, law enforcement agency, or protective services agency whenever there is a reason to believe that a child has been subject to abuse, neglect, or exploitation as required by Section 62A-4-501;

~~(g)~~ On the day of discovery, notify the local health department of any reportable communicable diseases among children or care givers, and any sudden or extraordinary occurrence of serious or unusual illness in accordance with Section R386-702-2; and

~~(h)~~ Conduct regular inspections of the facility to ensure it is safe from potential hazards to children.

##### **R430-100-6. Personnel.**

(1) The director shall ensure that adequate direct supervision is maintained whenever the center is operating. The care giver-to-child ratios established in R430-100-8 are minimum requirements only. The director shall ensure that policies exist to adjust these ratios when the age and the number of children require additional care givers to maintain adequate levels of supervision and care.

(2) All care givers who provide services in a child care center shall be at least 18 years of age or have completed high school or a GED. In addition to the required staff ratios, child care services may be provided by an individual who is 16 years old, if he works under the direct supervision of a competent care giver.

(a) All care givers shall have access to the facility's policies and procedures manual;

(b) Each care giver shall have related experience in the job assigned or receive on-the-job training which is documented by the director;

(c) Each new care giver shall receive documented orientation training which shall include:

(i) Job description;

(ii) Introduction and orientation to the children, which includes special conditions, e.g., allergies and medical conditions;

(iii) Policy and procedures; and

(iv) Reporting requirements for witnessing or suspicion of abuse, neglect and exploitation, according to Section 62A-4-511.

(3) The director shall establish a personnel health program through written personnel health policies and procedures.

(a) The director shall complete a care giver health evaluation for each new care giver hired. The director may use their own evaluation form or the Department-approved form.

(b) The health evaluation shall obtain at least the care giver's history of the following:

(i) conditions that predispose the care giver to acquiring or transmitting infectious diseases; and

(ii) conditions which may prevent the care giver from performing certain assigned duties satisfactorily or safely.

(c) Each director shall develop and implement policies for care giver health screening and immunization components of personnel health programs.

(d) Each director shall ensure that all care givers are screened for tuberculosis by the Mantoux ~~[Method]~~tuberculin skin test method within two weeks of assuming care giver responsibilities. Tuberculin skin testing does not need to be repeated during the employment period unless the employee develops signs and symptoms of the disease, as determined by a health care professional.

(i) All care givers with a skin test that indicate potential exposure to tuberculosis shall receive a medical evaluation for tuberculosis disease.

(ii) All care givers who have documentation of previous positive reaction to the Mantoux tuberculin skin test shall present documentation of completion of therapy for tuberculosis infection or evidence of a negative chest radiograph within the past 12 months.

(iii) Repeated chest radiographs are not required unless the care giver develops signs and symptoms of tuberculosis disease, as determined by a health care professional, and that follow-up testing for tuberculosis is done in accordance with Section R386-702-5, Special Measures for Control of Tuberculosis.

~~— (i) Each care giver shall be tested for Tuberculosis prior to employment and periodically thereafter at least every two years or as specified by the local health department. After suspected exposure to another person with active tuberculosis, the care giver shall be tested and managed in accordance with Section R386-702-5;~~

~~— (ii) All care givers with documented previously positive reactions to skin tests are exempt from further skin testing. However, each care giver who is exempt from skin testing shall have a chest x-ray every two years to test for tuberculosis.~~

~~— (iii) Care givers with a positive tuberculosis test, after previously testing negative, shall be evaluated by a health care provider or the local health department.~~

~~— (iv) Care givers with a first time positive TB skin test, active infectious TB, or any other reportable disease that is infectious or communicable to children or to other care givers while performing child care duties shall not work in the facility without written approval of the local health department or health care provider.]~~

(e) The director shall report all infections and communicable diseases reportable by law to the local or state health department in accordance with Section R386-702-2.

(4) All care givers shall receive a minimum of 20 hours of documented in-service training annually. At least 10 hours of the in-service training shall be in person. The training shall include the following:

(a) Principles of good nutrition;

(b) Proper hand washing, OSHA requirements and sanitation techniques;

(c) Proper procedures in administration of medications;

(d) Recognizing early signs of illness and determining when there is a need for exclusion from the facility;

(e) Accident prevention and safety principles;

(f) Reporting requirements for communicable and infectious diseases;

(g) Reporting requirements for abuse, neglect and exploitation according to Section 62A-4-501; and

(h) Positive guidance for the management of children.

(5) If the center provides infant care, the following in-service training is required as part of the required in-service hours:

(a) Preventing Shaken Baby Syndrome;

(b) Preventing Sudden Infant Death Syndrome;

(c) Coping with crying babies; and

(d) Development of the brain.

(6) The director of the center shall establish written policies and monitor the care givers and volunteers to ensure that the use of tobacco in any form, the use of alcohol, the ingestion of any substance (including prescription medications) in amounts known to compromise responsible judgement, and the use of or possession of illegal substances or sexually explicit materials are prohibited by any person anywhere on the premises during the hours of operation when children are under care.

#### **R430-100-7. Records.**

(1) All records shall be filed, stored safely, and be easily accessible for Department review.

(2) Records shall be protected against access by unauthorized individuals.

(3) The licensee and director shall maintain the following records:

(a) Policies and procedures;

(b) Personnel records for each care giver, retained for at least two years following termination of employment, which shall include:

(i) Employment application;

(ii) Date of employment, termination date, and reason for termination of employment;

(iii) Initial health evaluation form and health inventory;

(iv) Food Handler's permit for care givers who prepare or serve food;

(v) Criminal Background Screening initial clearance form or the waiver for annual renewal;

(vi) Results of TB screening;

(vii) Documented in-service training hours;

(viii) Documentation of related experience or on-the-job training completion; and

- (ix) First Aid and CPR certification.
- (c) All variance requests granted by the Department;
- (d) Children’s records that include the following:
  - (i) Utah School Immunization Record;
  - (ii) Injury, incident and accident reports;
  - (iii) Transportation and medical treatment releases;
  - (iv) Annual Health Assessment for all children; and
  - (v) Current (within six months) Physical examinations for children under the age of six (only at admission).
- (e) A six month record of medications administered;
- (f) A six month record of care giver assignments;
- (g) A six month record of incident and accident reports ~~[, to be located on site];~~
- (h) A six month child attendance record;
- (i) If infant care is provided in a child care center, the center shall maintain a record of diapering, sleeping, and bottle feed times for each infant;
- (j) Fire and Disaster drills;
- (k) Local Health Department Inspections; and
- (l) Local fire inspections.
- (4) Custodial parents and legal guardians shall have access to the records on their own children.

**R430-100-8. Care Giver to Child Ratio.**

(1) The licensee must maintain minimum care giver to child ratios as provided in Tables 1 and 2.

TABLE 1  
Minimum Care ~~[e]~~ Giver to Child Ratios

Staff	Number of Children	Group Size	Ages
1	4	8	Under 24 months
1	7	14	2 year old
1	12	24	3 year old
1	15	30	4 year old
1	20	35	5 years and over

- (2) There shall be at least two care givers at the center at all times when there are more than six children present or more than two infants present;
- (3) There shall be at least two care givers to accompany children when leaving the child care center for activities, at least one care giver shall have current first aid and CPR and all ratios shall be maintained at the center and for the activity.
- (4) Centers may maintain variable age groups, and shall comply with the following ratio requirements:
  - (a) Ratios for variable age groups shall be determined by averaging the ratios of the ages represented in the group;
  - (b) The ratio for the youngest children shall be utilized if more than half of the group is composed of children in the youngest age group; and
  - (c) Variable age groups may not be larger than 25 children.

TABLE 2  
Minimum Care Giver to Child Ratios - Variable Age Groups

Two Ages Mixed	
Infant and two year olds	1:5
Two and three year olds	1:9
Three and four year olds	1:14
Four years and older	1:18

Three Ages Mixed	
Infant, two and three year olds	1:7
Two, three and four year olds	1:11
Three, four and school age	1:16
Four Ages Mixed	
Infant, two, three and four year olds	1:9
Two, three, four and school age	1:13
All ages Mixed	1:11

(5) During nap time the child ratio may double for not more than two hours for children 24 months and older, if a means of communication is maintained with another care giver who is also on-site.

(6) The director shall establish policies and procedures to ensure that there is supervision of children when the children are sleeping or using the bathroom.

(7) A child of an employee or owner age four or older will not be counted for determining care giver to child ratios.

**R430-100-9. Child Health.**

(1) Children admitted to the center shall have immunizations as required by the Utah School Immunization Law, Utah Code Section 53A-11-301. The director may not admit a child without proof of immunization, or evidence of conditional enrollment, or evidence of a personal, medical or religious exemption.

(a) The director shall have a current Utah School Immunization Record (USIR -Pink card) on file for each child.

(b) The director shall submit the Child Care Facilities Annual Summary Report to the Department of Health Immunization Program by November 30 of each year.

(2) The care givers shall not care for ill children except when the child shows signs of illness after arrival.

(a) The director shall ensure that children who develop signs of illness at the center are kept separate from other children.

(b) The director shall contact the parents of ill children and request that they be removed immediately from the center.

(c) The director shall inform parents in writing of communicable illnesses or parasites that are discovered at the center the same day the illness or parasite is discovered.

(d) The care giver shall convey information of illnesses in a manner that protects the confidentiality of care givers and children.

(3) The director shall require a physical assessment (current within six months) for each child ages 0 - 5 years old, within 30 days ~~[of]~~ after admission to the child care center. The physical assessment shall be completed by a licensed physician, nurse practitioner, or registered nurse.

(4) Annually and upon a child’s admission, the director shall require the parent or guardian to complete and sign a health assessment for each child in care, which includes an update of the following:

- (a) allergies;
- (b) chronic illnesses;
- (c) medical conditions;
- (d) disabilities;
- (e) date of last physical examination;
- (f) instructions for routine daily care; and
- (g) instructions for emergency care.



**R430-100-11. Activities.**

(1) The director and care givers shall develop and follow a daily activity plan that is designed for the age and development of the children.

(2) The activity plan shall be posted for parent and care giver review.

(3) There shall be areas for indoor and outdoor play.

(a) Indoor play areas shall have 35 square feet per child for each child in care under age 14.

(b) Outdoor play areas shall have at least 40 square feet per child for each child in care under age 14. The total outdoor play area shall accommodate at least 33 percent of the licensed capacity at one time.

(c) Toilet rooms, closets, lockers, wardrobes, hallways, corridors, alcoves or vestibules may not be included in calculating indoor play space. Play space does not include areas which are designated as office space or a napping room.

(4) Daily activities shall include outdoor play if weather permits.

(5) The director or care giver shall obtain written parental consent for off-site activities.

(a) Care givers attending off-site activities shall take with them the emergency phone numbers of attending children;

(b) The director shall ensure that care giver to child ratios for off-site activities are met;

(c) The child care center shall identify children with a center-specific identifier; and

(d) The director shall notify the parents of any schedule changes.

(6) Care givers shall accompany children at pool side during swimming activities. Lifeguards and pool personnel may not be counted towards care giver to child ratios.

(7) Outdoor play areas shall be fenced or have a natural barrier that provides protection from unsafe areas. Fences shall be at least four feet high. If local ordinances conflict, the director may request a variance from the Department. Any gaps within the fence shall not be greater than three and one-half inches. The bottom edges of the fence shall not be more than three and one-half inches above the ground.

(a) Outdoor play areas shall have a shaded area to protect children from excessive sun and heat;

(b) Children shall have access to drinking water at the outdoor play area during play times.

(8) If care is provided for infants, each infant shall have physical and verbal stimulation every 30 minutes during waking hours by care givers, including the opportunity for physical activity. Physical activity may not be confining an awake child to a single device, such as a chair or swing which restricts active movements for more than 30 minutes.

**R430-100-12. Medications.**

(1) Medications may be administered to children only by a trained, designated care giver. A care giver who administers medication shall ~~be trained~~ have documented training to:

(a) check the label and confirm the name of the child,

(b) read the directions regarding measured doses, frequency, expiration date, and other administration guidelines, and

(c) properly document administration of medication records according to Subsection R430-100-12(4).

(2) The over-the counter and prescription medications must be in the original or pharmacy container, have the original label, include the child's name, have child proof caps and have instructions for administration.

(3) The parent or guardian must complete a medication release form for each child receiving medications at the center that contains:

(a) the name of the medication;

(b) the dosage;

(c) the route of administration;

(d) the times and dates to be administered;

(e) the illness or condition being treated;

(f) the parent or guardian signature.

(4) Medication records shall be maintained that include:

(a) The times, dates, and dosages of the medications given;

(b) The signature or initials of the care giver who administered the medication; and

(c) Documentation of any errors in administration or adverse reactions.

(5) The center director or designee shall report any adverse reaction to a medication or error in administration to the parent or legal guardian immediately upon recognizing the error or reaction.

(6) Medications shall be secured from access to children.

(7) Medications stored in refrigerators shall be in spill-proof packaging and shall be kept in a covered, leakproof storage container.

(8) The director shall return unused medications to the parent or guardian. The director shall destroy out-of-date medications or return the medications to the parent or guardian.

**R430-100-13. Infection Control.**

(1) All care givers shall comply with universal blood and bodily fluid precautions according to the OSHA Bodily Fluid Blood-Borne Pathogen Standard. The director shall keep and maintain a portable blood and bodily fluid clean-up kit. All care givers shall know the location and how to use the kit.

(2) All care givers shall wear new disposable latex gloves or an approved equivalent listed in OSHA part 1910.1030 for first aid procedures involving blood or clean-up of bodily fluids.

(3) Diapering procedures shall be posted by each diapering station which shall include the following:

(a) If a disposable paper covering is used, it shall be placed between the child and the diapering surface, and shall be disposed of following each diaper change.

(b) Soiled diapers shall be placed in a container that is lined and has a tightly fitting lid. Containers shall be cleaned and disinfected daily.

(c) The diapering surface shall be non-absorbent, cleaned and sanitized after each diaper change.

(d) Sanitizers shall be measured to ensure proper strength, or be commercially prepared, shall be labeled and stored in the diaper changing area, and inaccessible to children.

(4) If cloth diapers are used for children, the following procedure shall ~~be followed~~ apply:

(a) Cloth diapers shall not be rinsed at the center;

(b) After a diaper change, the cloth diaper shall be placed directly into a container labeled with the child's name or diapering service.

(5) Care givers shall change a child's clothing which is soiled with fecal material or urine promptly and place the clothing in a leak proof container to be sent home with the parent or legal guardian. Clothing soiled with feces or urine shall not be rinsed at the center.

(6) In child care centers, care givers whose primary responsibility is the care of diapered children shall not prepare food for children or staff outside of the classroom areas used by infants and toddlers.

(7) In child care centers, care givers who prepare food in the kitchen shall not change diapers or assist in toilet training.

(8) Personal hygiene items such as combs and toothbrushes may not be shared between children and shall be labeled (with the child's name) and stored separately.

(9) Indoor activity equipment and toys shall be cleaned and sanitized weekly or more often as necessary.

(a) Stuffed animals shall be machine washable.

(b) If water play tables are used, the care giver shall wash and sanitize the table daily and children shall wash their hands prior to engaging in the activity.

(c) If child care centers provide care for 0- 24 month old children, all toys used by the infants during the day shall be washed daily.

(10) Center hand washing policies shall be followed to assure protection from contamination and the spread of microorganisms. In child care centers, hand washing procedures shall be posted at all hand washing sinks.

(a) Care givers shall wash and scrub their hands for 20 seconds with soap and warm running water at times specified in policy.

(b) Care givers shall teach children proper hand washing techniques and oversee hand washing whenever possible.

(c) Care givers and children shall wash their hands after using the toilet, before and after eating and before and after food preparation.

(d) Only protected single use towels or electric hand-drying devices may be used to dry hands.

(e) The care giver shall provide for a means for hand washing on field trips.

#### **R430-100-14. Safety.**

(1) Spaces, toys, grounds, and equipment shall be maintained in a safe manner to prevent injury to children. Infants shall be cared for in separate rooms from other children.

(2) Infants and toddlers shall not have access to toys smaller than 1 1/4 inches in total diameter or length, plastic bags, and styrofoam toys and utensils.

(3) Toys and equipment used by children must be in compliance with the guidelines of the Consumer Product Safety Commission.

(4) High chairs shall have safety straps or devices to prevent children from falling out.

(5) There shall be no firearms or other weapons accessible to children. Firearms and other weapons shall be stored separately from ammunition and all shall be in a locked cabinet or area.

(6) Electrical outlets accessible to children shall be protected or capped with safety devices.

(7) Windows within 36 inches from the floor shall have safety glass installed or have a protective safety guard to protect the window from breakage.

(8) The care givers shall store toxic or hazardous chemicals such as cleaners, insecticides, lawn products, and flammable materials in a locked or protected area to prevent access to children. All toxic or hazardous chemicals shall be stored in the original container, or labeled in the container.

(9) The center may not have portable space heaters. Fireplaces, open-face heaters, and wood burning stoves shall be inaccessible to children when in use.

(10) All pieces of outdoor playground equipment shall be surrounded by a resilient surface of loose cushioning, at least nine inches in depth, or mats manufactured for such use, consistent with the guidelines of the Consumer Product Safety Commission and the standards of the American Society for Testing and Materials. For facilities whose playground areas do not meet the guidelines for space between equipment, a variance may be requested to allow time for the licensee to replace or remodel the playground equipment. All indoor playground equipment, for example slides and climbers, shall be surrounded by cushioning materials, such as mats, in a six foot fall zone. Indoor play equipment shall not exceed three feet at the highest point.

(11) All water hazards such as a swimming pool, stationary wading pool, ditches, and fish ponds shall be fenced to prevent access by children.

(12) Poisonous plants shall be prohibited from access by children.

(13) Strings and cords long enough to encircle a child's neck, such as those found on pull toys, window blinds, or drapery cords, shall be inaccessible to children under five years of age.

(14) Any structure built prior to 1978 which has peeling, flaking, chalking, or failing paint on the interior or exterior shall be tested for lead-based paint. If paint lead levels are equal to or exceed 0.06% by weight, the structure must be remodeled by encapsulation or enclosure when possible or by complete removal of lead-based paint by trained individuals.

(15) Infant walkers with wheels are not permitted in child care facilities.

(16) Hot water accessible to children shall not exceed the scalding standard of 120 degrees Fahrenheit.

#### **R430-100-23. Emergency and Disaster.**

(1) The licensee shall have a written emergency and disaster plan for reporting and evacuating in cases of fire, flood, earthquake, blizzard, power failure or other disasters that could create structural damage ~~[to the]~~ or pose a health hazard. The licensee shall have an emergency plan in the case of a missing child or death or serious injury to a child or care giver.

(2) The written plans shall be made available to all care givers.

(3) The director shall hold simulated disaster drills semi-annually and simulated fire drills shall be held monthly for care givers and children. The director shall document all drills, including date, participants, and problems encountered.

(4) Each child care center shall maintain a telephone in working order, unless there is a utility failure. The licensee shall keep the Department informed of the current center phone number.

- (5) The emergency plan shall contain:
  - (a) The names of the person in charge and persons with decision-making authority;
  - (b) The names of persons who shall be notified in an emergency in order of priority;
  - (c) The names and telephone numbers of emergency medical personnel, fire department, paramedics, ambulance service, police, poison control and other appropriate agencies.
  - (d) Assignment of personnel to specific tasks during an emergency;
  - (e) The procedure to transport and evacuate children and staff to other locations; and
  - (f) Procedures to turn off gas, electricity, and water.
- (6) The director shall post evacuation routes, location of fire alarm boxes, and fire extinguishers in prominent locations throughout the center.
- (7) The local fire authority shall complete an on-site inspection of each child care center at least annually and the licensee shall maintain a copy of the current fire clearance for Department review.

**KEY: child care facilities**  
**[February 25, 1999]**

26-39



Health, Health Systems Improvement,  
 Health Facility Licensure  
**R432-4**  
 General Construction

**NOTICE OF PROPOSED RULE**

(Amendment)  
 DAR FILE NO.: 22365  
 FILED: 09/09/1999, 12:10  
 RECEIVED BY: NL

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This filing includes amendments to the current rule resulting from comments and suggestions received during committee review to update referenced codes and guidelines, correct errors, and modify some requirements based on current experience and needs.

SUMMARY OF THE RULE OR CHANGE: The proposed modifications include adoption of the current edition of the "Guidelines for Design and Construction of Hospital and Health Care Facilities." Other adopted codes are updated to the current editions. Elevator sizes are standardized for multilevel health care facilities to provide a gurney-size elevator. Typo errors have been corrected. Other modifications, such as emergency and outpatient entrance protection, operable windows, accessible rooms, and medical gas requirements, are included to clarify intent for patient comfort and safety. The "Penalties" paragraph has been added as required by the Rulemaking Act.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 21

THIS RULE OR CHANGE INCORPORATES BY REFERENCE THE FOLLOWING MATERIAL: A) "Guidelines for Design and Construction of Hospital and Health Care Facilities," 1996-1997 edition; B) Illuminating Engineering Society of North America, IESNA publication RP-29-95, "Lighting for Hospitals and Health Care Facilities," 1995 edition; C) National Fire Protection Association Life Safety Code, NFPA 101, Chapters 12 and 13, 1997 edition.

ANTICIPATED COST OR SAVINGS TO:

❖THE STATE BUDGET: Costs to distribute copies of the amended rules to licensed hospitals will be minimal. No other aggregate costs are anticipated to the state as a result of this rule amendment because it only applies to construction of new general hospitals. It may apply in the future if the state builds or remodels a state-owned hospital, in which case the cost or savings identified under "other persons" would apply.

❖LOCAL GOVERNMENTS: No anticipated cost or savings apply to local government, unless they construct or remodel a hospital they own or operate and then the cost identified under "other persons" would apply.

❖OTHER PERSONS: Quantity of medical gas outlets required for recovery stations has increased by two per station at an anticipated cost of about \$300/outlet. It is impossible to estimate a total amount. The Bureau anticipates that up to five hospitals could be built in the next five years and several could be remodeled. Elevator cost savings could be around \$28,000. Anteroom savings could be around \$63,000.

COMPLIANCE COSTS FOR AFFECTED PERSONS: About \$300 per additional medical gas outlet will be required for compliance. The latest edition of the "Guidelines," adopted by this rule modification, includes the requirement for a larger elevator. This requirement has been modified to a smaller elevator by this rule and will result in a one-time cost reduction of approximately \$7,000 per elevator. The new "Guidelines" have eliminated the requirement for an anteroom for isolation rooms. It is estimated that about \$7,000 per anteroom will be saved for new construction.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Update to rule to adopt current version of standard for construction will impose minor costs due to the increase in size for an elevator. The Department believes that regulated agencies prefer the standardization, but will review the need for this requirement based on public comments that may be received--Rod Betit

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Health  
 Health Systems Improvement,  
 Health Facility Licensure  
 Cannon Health Building  
 288 North 1460 West  
 PO Box 142003  
 Salt Lake City, UT 84114-2003, or  
 at the Division of Administrative Rules.

## DIRECT QUESTIONS REGARDING THIS RULE TO:

Debra Wynkoop-Green at the above address, by phone at (801) 538-6152, by FAX at (801) 538-6325, or by Internet E-mail at dwynkoop@doh.state.ut.us.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Rod L. Betit, Executive Director

### R432. Health, Health Systems Improvement, Health Facility Licensure.

#### R432-4. General Construction.

##### R432-4-1. Legal Authority.

This rule is adopted pursuant to Title 26 Chapter 21 for General Hospitals; Specialty Hospitals; Ambulatory Surgical Facilities; Nursing Care Facilities; Inpatient Hospices; Birthing Centers; Abortion Clinics; and Small Health Care Facilities, Levels I, II and III.

##### R432-4-2. Purpose.

The purpose of this rule is to promote the health and welfare of individuals receiving services ~~(through the establishment and enforcement of)~~ by establishing construction standards.

##### R432-4-3. General Design.

(1) The licensee is responsible for assuring compliance with this section.

(2) When testing and certification compliance can only be verified through written documentation, the licensee must maintain documentation ~~(shall be maintained)~~ in the facility for Department review ~~(inspection)~~.

(3) Additional requirements for individual health care facility categories are included in the individual category construction rules sections of the Health Facility Licensure Rules, R432. ~~(When)~~ If conflicts exist between R432-4 and individual category rules, the individual category rules govern.

(4) ~~(When)~~ If conflicts exist between applicable codes, the most restrictive code applies.

(5) When other authorities having jurisdiction adopt more restrictive requirements than contained in these rules, the more restrictive requirements apply.

(6) ~~(When complete, t)~~ The licensee shall ensure the building complies with the functional requirements for the applicable licensure classification and shall ensure provisions are made for all facilities and equipment necessary to meet the care and safety needs of all clients served, when construction is completed.

##### R432-4-4. Site Location.

(1) The site of the licensed health care facility shall be accessible to both community and service vehicles, including fire protection apparatus.

(2) Facilities shall ~~(be located to)~~ ensure that public utilities are available.

##### R432-4-5. Site Design.

(1) Paved roads shall be provided within the property for access to all entrances, service docks and for fire equipment access to all exterior walls.

(2) Paved walkways shall be provided for pedestrian traffic.

(3) Paved walkways shall be provided from every required exit to a dedicated public way.

(4) Hospitals with an organized emergency service shall have well marked emergency access to facilitate entry from public roads or streets serving the site. Vehicular or pedestrian traffic shall not conflict with access to the emergency service area. The emergency entrance shall be covered to ensure protection for patients during transfer from automobile or ambulance.

##### R432-4-6. Parking.

(1) Parking shall be provided in accordance with local zoning ordinances.

(2) If local zoning ordinances do not exist, Section 3.2.B Parking, from Guidelines for Design and Construction ~~(and Equipment)~~ of Hospital and ~~(Medical)~~ Health Care Facilities 199[2] ~~(6-199[3])~~ Edition shall apply and is adopted and incorporated by reference.

(3) ~~(The [R])~~ requirements of the Americans with Disabilities Act Accessibility Guidelines, (ADAAG) for handicapped parking access shall apply ~~(and parking spaces for the disabled shall be directly accessible to the facility without the need to go behind parked cars.)~~

##### R432-4-7. Environmental Pollution Control.

~~(t)~~ Public Law 91-190, National Environment Policy Act, requires the site and project be developed to minimize any adverse environmental effects on the neighborhood and community. ~~(~~

~~(2) All required e)~~ Environmental clearances and permits shall be obtained from local jurisdictions and the Utah Department of Environmental Quality. ~~(~~

~~(3) Copies of clearances shall be retained in the facility for inspection by the Department.)~~

##### R432-4-8. Standards Compliance.

(1) The following standards are adopted and incorporated by reference:

~~(a) American National Standards Institute, Standard A17.1 (ANSI A17.1), American National Standard Safety Code for Elevators, Dumbwaiters, Escalators and Moving Stairs, 1990 edition;~~

~~(b)a) Illuminating Engineering Society of North America, IESNA, publication [CP29]RP-29-95, Lighting for Hospitals and Health Care Facilities, 19[8]95 edition;~~

~~(c) Illuminating Engineering Society of North America Lighting Handbook, 1987 edition, Volume 2 Applications;~~

~~(d)b) The following chapters of the National Fire Protection Association Life Safety Code, NFPA 101, 199[1]7 edition:~~

~~(i) Chapter 1, Administration;~~

~~(ii) Chapter 2, Fundamental Requirements;~~

~~(iii) Chapter 3, Definitions;~~

~~(iv) Chapter 4, Classification of Occupancy and Hazard of Contents;~~

~~(v) Chapter 5, Means of Egress;~~

~~(vi) Chapter 6, Features of Fire Protection;~~

~~(vii) Chapter 7, Building Service and Fire Protection Equipment;~~

~~](vii)i Chapter 12, New Health Care Occupancies;~~

~~(ii[\*]) Chapter 13, Existing Health Care Occupancies[;]~~

~~[(x) Chapter 31, Operating Features.~~

] (2) The following codes and standards apply to health care facilities. The licensee shall obtain clearance from the authority having jurisdiction and submit [a copy of the] documentation to the Department verifying compliance with these codes and standards as they apply to the category of health care facility being constructed:

(a) [H] Local zoning ordinances;

(b) Uniform Building Code, 1997 edition;

(c) Americans with Disabilities Act Accessibility Guidelines, (ADAAG) 28 CFR 36, Appendix A, (July 1993);

(d) Uniform Mechanical Code, 1997 edition;

(e) [Uniform] International Plumbing Code, 1997 edition;

(f) Uniform Fire Code, 1997 edition.];

~~—(g) ASME Elevator and Escalator A17.1, 1993 edition;]~~

~~[(h)g] R313. Environmental Health, Radiation Control, 1994;~~

~~[(i)h] R309. Environmental Health, Drinking Water and Sanitation, 1994;~~

~~[(j)l] R315. Environmental Health, Solid and Hazardous Waste, 1994;~~

~~[(k) NFPA 13, Standard for Installation of Sprinkler Systems, 1994 edition;]~~

~~[(l)j] NFPA 70, National Electric Code, 199[3]2 edition;]~~

~~—(m) NFPA 253, Standard Method for Critical Radiant Flux, 1990 edition;~~

~~—(n) NFPA 255, Standard Method of Test of Surface Burning Characteristics of Building Materials, 1984 edition;~~

~~—(o) NFPA 258, Standard Research Test Method for Determining Smoke Generation of Solid Materials, 1987 edition;~~

~~—(p) NFPA 701, Standard Methods of Fire Tests for Flame-Resistant Textiles and Films, 1987 edition;~~

~~—(q) NFPA 80, Standard for Fire Doors and Windows, 1986 edition;~~

~~—(r) NFPA 82, Standard on Incinerators, Waste and Linen Handling Systems and Equipment, 1983 edition;]~~

~~[(s)k] NFPA 99, Standards for Health Care Facilities, 199[3]6 edition;~~

~~[(t)l] NFPA 110, Emergency and Standby Power Systems, 1988 edition;~~

~~[(u)m] American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), Handbook of Fundamentals, 19[89]97 edition;]~~

~~—(v) Hydronics Institute, Boiler Ratings: I-B-R, Cast Iron, and SBI Steel Boilers, January 1990;]~~

~~[(w)n] National Council on Radiation Protection (NCRP), Medical X-ray, Electron beam and Gamma Ray Protection for Energies up to [H]50 MeV Equipment Design, Performance and Use, [Pamphlet 33, 1975] Report 102, 1989;~~

~~[(x)o] National Council on Radiation Protection (NCRP), Radiation Protection Design Guidelines for 0.1-100, MeV Particle Accelerator Facilities, Pamphlet 51, 1977;~~

~~[(y)p] National Council on Radiation Protection (NCRP), Medical X-ray and Gamma Ray Protection for Energies up to 10 MeV Structural Shielding Design and Evaluation, Pamphlet 49, 1976.~~

(3) The licensee shall obtain a Certificate of Occupancy from the local building official having jurisdiction.

(4) The licensee shall obtain a Certificate of Fire Clearance from the Fire Marshal having jurisdiction.

(5) The licensee [shall submit a copy of the certificates to the Department] must obtain clearance from the Department prior to utilization of newly constructed facilities and additions or remodels of existing facilities.

#### **R432-4-9. New Construction, Additions and Remodeling.**

(1) New construction, additions and remodels to existing structures, shall comply with Department rules in effect on the date the schematic drawings are submitted to the Department. [

~~—(2) NFPA 101 M, Alternative Approaches to Life Safety, shall not be used as a substitute for basic NFPA 101 design criteria for new construction.]~~

[(3)2] If the remodeled area in any building, wing, floor or service area of a building exceeds 50 percent of the total square foot area of the building, wing, floor or service area, then the entire building, wing, floor or service area shall be brought into compliance with adopted codes and rules governing new construction which are in effect on the date the schematic drawings are submitted to the Department.

[(4)3] During remodeling and new construction, the licensee must maintain the safety level which existed prior to the start of work [the safety level which existed prior to the start of work shall be maintained].

#### **R432-4-10. Existing Building Licensure.**

(1) Existing buildings, currently licensed, shall conform to Department construction rules in effect at the time of original facility licensure.

(2) Existing buildings which are currently licensed, or which were previously licensed, but are changing classification; or for which the licensed has lapsed, shall comply with requirements for new construction.

#### **R432-4-11. Building Refurbishing.**

(1) Paint, carpet, wall coverings, and other new materials installed as part of a refurbishing project shall comply with R432-4-8.

(2) The [facility] licensee shall [keep written] maintain documentation of compliance with codes, rules, and standards.

#### **R432-4-12. Mixed Occupancies.**

(1) Health care occupancies [shall] must be separated from non-health care occupancies in accordance with requirements of the local jurisdiction.

(2) [When] If separation of occupancies is not practical, the most restrictive occupancy requirements [shall] apply to [all occupancies involved] the building.

#### **R432-4-13. Campus and Contract Facilities.**

All housing, treatment, and diagnostic areas and facilities utilized by a patient admitted to a licensed health care facility shall be constructed in accordance with the requirements of R432-4 [when] if:

(1) the area will be used by one or more patients who are physically or mentally incapable of taking independent life saving action in an emergency;

(2) the prescribed or administered treatment ~~[involved]~~ renders the patient incapable of taking independent life saving action in an emergency; or

(3) the patient is ~~[rendered]~~incapable of taking independent life saving action in an emergency due to physical or chemical restraints.

#### **R432-4-14. Plan Review.**

~~[(1) Health facilities shall obtain Department approval before occupying any new buildings or additions or remodels of existing buildings, systems, or service areas.]~~

~~[(2)1] Prior to submitting documents for plans review, the facility licensee or designee shall schedule a conference with Department representatives, the licensee's architect, and the licensee or his designee to outline the required plans review process.~~

~~[(3)2] The licensee shall submit the following for Department review:~~

- ~~(a) a functional program,~~
- ~~(b) schematic drawings,~~
- ~~(c) design development drawings,~~
- ~~(d) working drawings,~~
- ~~(e) specifications.~~

~~[(4)3] The Department ~~[shall]~~may initiate review when all required documents and fees are received.~~

~~[(5)4] Working drawings and specifications for new construction, additions, or remodeling ~~[shall]~~must have the seal of a Utah licensed architect affixed, in compliance with Section 58-~~3-10~~3a-602.~~

~~[(6)5] The licensee shall pay a plans review and construction inspection fee assessed by the Department in accordance with the fee schedule approved by the Legislature.~~

~~[(7)6] Plans approval by the Department shall not relieve the licensee of responsibility for full compliance with R432-4.~~

~~[(8)7] Plan approval expires 12 months after the date of the Department's approval letter, or the latest plan review response letter, if construction has not commenced.~~

~~[(9)8] ~~[Before work proceeds, a]After a 12 month lapse, the licensee must resubmit plans and a new plan review fee to the Department and obtain a new letter of approval before work proceeds. [plans shall be resubmitted to the Department, a new plan review fee paid, and a new letter of approval obtained from the Department.]~~~~

~~[(10)9] The Department ~~[shall]~~may issue a license or modify a license only after the Department has determined the facility complies with adopted ~~[licensure]~~construction rules and has obtained all clearances and certifications.~~

#### **R432-4-15. Functional Program.**

The functional program required in R432-4-14(3)(a) ~~[shall]~~must include the following:

- (1) the purpose and proposed license category of the facility;
- (2) services offered, including a detailed description of each service;
- (3) ancillary services required to support each function or program;
- (4) departmental relationships;

(5) services offered under contract by outside providers and the required in-house facilities to support these services;

(6) services shared with other licensure categories or functions;

(7) a description of anticipated in-patient workloads;

(8) a description of anticipated out-patient workloads;

(9) physical and mental condition of intended patients;

(10) patient age range;

(11) ambulatory condition of intended patients, such as non-ambulatory, mobile, or ambulatory;

(12) type and use of general or local anesthetics;

(13) use of physical or chemical restraints;

(14) special requirements which could affect the building;

(15) area requirements for each service offered, stated in net square feet;

(16) seclusion treatment rooms, if provided, including staff monitoring procedures;

(17) exhaust systems, medical gases, laboratory hoods, filters on air conditioning systems, and other special mechanical requirements;

(18) special electrical requirements;

(19) x-ray facilities, nurse call systems, communication systems, and other special systems;

(20) a list of specialized equipment which could require special dedicated services or special structures.

(21) a description of how essential core services will accommodate increased demand, if a building is designed for expansion;

(22) inpatient services, treatment areas, or diagnostic facilities planned or anticipated to be housed in other buildings, the construction type of the other buildings, and provisions for protecting the patient during transport between buildings.

(23) infection control risk assessment to determine the need for the number and types of isolation rooms over and above the minimum numbers required by the Guidelines.

#### **R432-4-16. Drawings.**

Drawings ~~[shall]~~must show all equipment necessary for the operation of the facility.

(1) Schematic drawings~~[, which]~~ may be single line~~[:]~~and shall contain the following information:

(a) list of applicable building codes;

(b) location of the building on the site and access to the building for public, emergency, and service vehicles;

(c) site drainage;

(d) any unusual site conditions, including easements which might affect the building or its appurtenances;

(e) relationships of departments to each other, to support facilities, and to common facilities;

(f) relationships of rooms and areas within departments;

(g) number of inpatient beds;

(h) total building area or area of additions or remodeled portions.

(2) Design development drawings, drawn to scale, shall contain the following information:

(a) room sizes;

(b) type of construction, using Uniform Building Code classifications;

- (c) site plan, showing relationship to streets and vehicle access;
- (d) outline specification;
- (e) location of fire walls, corridor protection, fire hydrants, and other fire protection equipment;
- (f) location and size of all public utilities;
- (g) types of mechanical, electrical and auxiliary systems[-]; and
- (h) [P]rovisions for the installation of equipment which requires dedicated building services, special structure or which require a major function of space.

(3) Working drawings shall include all previous submitted drawings and specifications.

(a) The licensee shall provide one copy of completed working drawings and specifications to the Department. [~~These documents shall not be returned.~~]

(b) Within 30 days after receipt of the required documentation and plan review fee, the Department [shall]will provide to the licensee and the project architect[-] a written report of modifications required to comply with construction standards.

(c) The [E]licensee shall submit the revised plans for review and final Department approval.

#### **R432-4-17. Construction Inspections.**

(1) [~~Interim inspections may be conducted by the~~The Department may conduct interim inspections during construction.

(2) The licensee shall schedule with the Department a final construction inspection [W]when the project is complete and all furnishings and equipment are in place, but prior to utilization[-the licensee shall schedule with the Department a final construction inspection].

#### **R432-4-18. Construction Without Plans Approval.**

(1) If construction is commenced without prior Department plans approval, the Department may issue a license and approve occupancy[-a license shall be issued and occupancy authorized] only after as-built drawings have been approved by the Department and the Department has conducted a construction inspection.

(2) The licensee [shall]must correct all noncompliant items and pay the full plans review fee and inspection fee in accordance with the established fee schedule prior to licensure and patient occupancy.

#### **R432-4-19. Existing Buildings Without Plans.**

(1) If plans are not available for existing buildings, or for facilities requesting an initial license or license category change, the licensee [shall]may submit to the Department the following information:

(a) [A]a functional program described in R432-4-15;

(b) [A]a report identifying modifications to the building required to bring it into compliance with construction rules for the requested licensure category.

(2) The Department shall review the material submitted and within 30 days after receipt of the required material, furnish to the licensee a letter of approval or rejection. The Department may provide, at its option, a report of modifications required to comply with construction standards.

(3) The licensee shall request and schedule a Department follow up inspection upon completion of the modifications.

(4) Prior to a final Department inspection, the licensee [shall]must pay an inspection fee in accordance with the fee schedule approved by the Legislature.

(5) The Department [shall]may issue a license when the building is in compliance with all licensing rules.

#### **R432-4-20. Construction Phasing.**

Projects involving remodeling or additions to existing buildings shall be scheduled and phased to minimize disruption to the occupants of facilities and to protect the occupants against construction traffic, dust, and dirt from the construction site. Guidelines for Design and Construction of Hospital and Health Care Facilities 1996-97 edition Section 5 is adopted and incorporated by reference.

#### **R432-4-21. Outpatient Unit Features.**

(1) If a [B]building entrance[s]is used to reach outpatient services, the entrance must[-shall] be at grade level, clearly marked, and located to minimize the need for outpatients to traverse other program areas. The outpatient surgery discharge location must provide protection from the weather by canopies that extend from the building to permit sheltered transfer to an automobile.

(2) Lobbies of multi-occupancy buildings may be shared if the design prohibits unrelated traffic within or through units or suites of the licensed health care facility.

#### **R432-4-22. Standards for Accessibility.**

(1) At least one drinking fountain, toilet, and handwashing facility shall be available on each floor for persons with disabilities.

(2) Each room required to be accessible to persons utilizing wheelchairs shall comply with ADAAG.

#### **R432-4-23. General Construction[-Ancillary Support Facilities].**

(1) Guidelines for Design and Construction [and Equipment] of Hospital and [Medical]Health Care Facilities 199[2]6-199[3]7 edition, Section 7 and Appendix A (Guidelines), and Sections 9.1, 9.2, 9.3, 9.4, and 9.9 for free-standing satellites or in-house outpatient programs, are adopted and incorporated by reference[and shall be met] except as modified in this section.

(2) If[Where] a modification is cited for the Guidelines, the modification supersedes conflicting requirements of the Guidelines.

[~~(3) Housekeeping Rooms. Each room shall have mechanical exhaust with no exhaust air recirculated into the building.~~

[~~(4)(3) [Engineering and Service Equipment-]Yard equipment and supply storage areas shall be located so that equipment may be moved directly to the exterior without passing through building rooms or corridors.~~

[~~(5)(4) Waste Processing Systems. Facilities shall provide sanitary storage and treatment areas for the disposal of all categories of waste, including hazardous and infectious wastes using techniques acceptable to the Utah Department of Environmental Quality, and the local health department having jurisdiction.~~

[~~(6) General Standards for Details and Finishes. Each room accessible to persons confined to wheelchairs, including all patient toilets and bathing facilities, shall have at least one door which complies with ADAAG, including a minimum leaf width of 34 inches.~~

[~~(7)(5) [Windows:~~

~~(a)~~ Windows, in rooms intended for 24-hour occupancy, shall be operable and open to the building exterior or to a court which is open to the sky.

~~(b)~~a) Windows shall be equipped with insect screens.

~~(c)~~b) Operation of windows shall be restricted to a maximum opening of six inches to prevent escape or suicide.

~~(d)~~c) Window opening shall be restricted regardless of the method of operation or the use of tools or keys.

~~(8)~~~~(6)~~ Trash chutes, laundry chutes, dumb waiters, elevator shafts, and other similar systems shall not pump contaminated air into clean areas.

~~(9)~~~~(7)~~ ~~Grab bars shall be provided in all p~~Public and patient toilet and bath areas must have grab bars installed in accordance with ADAAG.

~~(10)~~~~(8)~~ Each patient handwashing fixture shall have a mirror, ~~except as noted in this section~~. Patient toilet and bath rooms that are required to be accessible to persons utilizing wheel chairs shall have mirrors installed in accordance with ADAAG.

~~(a)~~ Mirror placement shall allow for use by individual's who use wheelchairs and those who are ambulatory.

~~(b)~~ Height requirements shall comply with ADAAG.

~~(c)~~ One separate full-length mirror may serve for individuals who use wheelchairs.

~~(11)~~~~(9)~~ Showers and ~~bathrooms~~tubs shall contain recessed soap dishes.

~~(12)~~~~(10)~~ Cubicle curtains and draperies shall be affixed to permanently mounted tracks or rods. Portable curtains or visual barriers are not permitted.

~~(13)~~ Flooring:

~~(a)~~ Floors and bases of kitchens, toilet rooms, bath rooms, janitor's closets, soiled workrooms, and other areas subject to frequent wet cleaning shall be homogenous and shall be covered. ~~or joints shall be tightly sealed~~.

~~(b)~~ Bases shall be integrated with the floor and shall be covered.

~~(14)~~~~(12)~~ Ceilings ~~in~~ operating rooms, delivery rooms for caesarean sections, isolation rooms, and sterile processing rooms ~~ceilings~~ shall be smooth and crevice free.

~~(15)~~~~(13)~~ Acoustical treatment for sound control shall be provided in areas where sound control is needed, including corridors in patient areas, nurse stations, dayrooms, recreation rooms, dining areas, and waiting areas.

~~(16)~~~~(14)~~ Carpet.

Carpet in institutional occupancy patient areas, except public lobbies and offices, shall be treated to meet the following microbial resistance ratings as tested in accordance with test methods of the American Association of Textiles, Chemists, and Colorists (AATCC):

(a) Rating: minimum 90% bacterial reduction, test method: AATCC 100.

(b) Rating: maximum 20% fungal growth, test method: AATCC 174-91.

(c) Rating: Exhibits no zone of inhibition, test method: AATCC 174-91.

(d) Carpet and padding shall be stretched taut and be free of loose edges to prevent tripping.

~~(17)~~~~(15)~~ ~~Signage~~:

Signs shall be provided as follows:

(a) General and circulation direction signs in corridors;

(b) Identification on or by the side of each door; and

(c) Emergency evacuation directional signs~~;~~.

~~(18)~~~~(16)~~ Elevators.

Elevators intended for patient transport shall accommodate a gurney with attendant and have minimum inside cab dimensions of 5'8" wide by 8'5" deep and a minimum clear door width of 3'8". ~~Elevators shall comply with ASME Elevators and Escalators A17.1, 1993 edition and ADAAG.~~

~~(a)~~ An intercom connected to a 24-hour staffed position shall be installed in each elevator.

~~(b)~~ When two or more licensed health care facilities, share a physical plant, elevators may be shared if all requirements of R432-4 are met.

~~(c)~~ The licensee shall ensure that the elevator inspections and tests required by state and local agencies are completed.

~~(d)~~ The licensee shall retain, in the facility, written certification that the installation meets applicable requirements.

~~(19)~~ Mechanical Standards:

Tests shall be conducted prior to final Department construction inspection. Written test results shall be retained for facility maintenance files and available for Department review.

~~(20)~~~~(17)~~ Ventilation:

~~(a)~~ All rooms and occupied areas in the facility shall have provisions for ventilation. Natural window ventilation may be used for ventilation of nonsensitive areas and patient rooms when weather conditions permit, but mechanical ventilation shall be provided during periods of temperature extremes.

~~(b)~~a) Bottoms of ~~wall-mounted~~ ventilation ~~return~~ openings shall be located at least three inches, above the floor.

~~(c)~~b) Supply and return systems shall be in ducts. Common returns using corridors or attic spaces as plenums are prohibited.

~~(21)~~~~(18)~~ Plumbing:

~~(a)~~ In facilities other than general hospitals, specialty hospitals, and nursing care facilities, hot water recirculation is not required if the linear distance along the supply pipe from the water heater to the fixture does not exceed 50 feet.

~~(b)~~a) Rooms requiring medical gas, vacuum, and oxygen systems are listed in construction rules for each licensure category.

b) If nonflammable medical gas and air system outlets are required, they shall be provided as outlined in Table 1.

TABLE 1  
Medical Gas Outlets

Section	Location	Oxygen	Vacuum	Medical Air
7.2.A	Patient Rooms	1(one	1(one	-
	Medical and Surgical	outlet	outlet	
		accessible	accessible	
		to each	to each	
		bed)	bed)	
7.2.B10	Examination/ Treatment Medical Surgical, and Postpartum Care)	1	1	-
7.2.C/	Isolation (Infectious and Protective)	1	1	-
7.2.D	(Medical and Surgical)			
7.2.E	Security Room (Medical, Surgical And Postpartum)	1	1	-



7.3.A	Critical Care (General)	2	3	1
7.3.A14	Isolation (Critical)	2	3	1
7.3.B	Coronary Critical Care	2	2	1
7.3.D	Pediatric Critical Care	2	3	1
7.3.E	Newborn Intensive Care	3	3	3
7.4.B	Newborn Nursery (full term)	1	1	1
7.5.A	Pediatric and Adolescent	1	1	1
7.5.B	Pediatric Nursery	1	1	1
7.6.A	Psychiatric Patient Rooms	-	-	-
7.6.D	Seclusion Treatment Room	-	-	-
7.7.A1	General Operating Room	2	4	2
7.7.A2	Cardio, Ortho, Neurological	2	4	2
7.7.A3	Orthopedic Surgery	2	4	2
7.7.A4	Surgical Cysto and Endo	1	3	2
7.7.B2	Post-Anesthetic Care Unit	1	1	1
7.7.C9	Anesthesia Workroom	1 per workstation	-	1 per work- station
7.7.C14	Outpatient Recovery	1	1	1
7.8.A3	Caesarean/ Delivery Room	2	4	2
7.8.A3(d)	Labor Room	1	1	1
7.8.A3(e)	Recovery Room	1	1	1
7.8.A4	Labor/Delivery/ Recovery (LDR)	2	3	2
7.8.A4	Labor/Delivery/ Recovery/ Postpartum (LDRP)	2	3	2
7.9.C2	Initial Emergency Management per bed	1	1	1
7.9.D3	Triage Area (Definitive Emergency Care)	1	1	-
7.9.D7	Definitive Emergency Care Exam/Treatment Rooms	1	1	1
7.9.D7	Definitive Emergency Care Holding Area	1	1	-
7.9.D8	Trauma/Cardiac Room(s)	2	2	1
7.9.D9	Orthopedic and Cast Room	1	1	1
7.10.H	Cardiac Catheterization Lab	1	3	2
7.16.A2	Autopsy Room	-	1 per work station	1 per work station

(c) Bed pan washing devices may be deleted from inpatient toilet rooms where a soiled utility room is within the unit which includes bed pan washing capability.

~~[(22)](19)~~ [Drainage Systems:  
~~(a)]~~ Building sewers shall discharge into a community sewer[age] system[except, where such]. If a system is not available, the facility shall treat its sewage in accordance with local requirements and Utah Department of Environmental Quality requirements.

~~[(b)](20)~~ Dishwashers, disposers and appliances shall be National Sanitation Foundation, NSF, approved and shall have the NSF seal affixed.

~~[(23)](21)~~ [Electrical Standards:  
~~(a)]~~ Electrical materials shall be listed as complying with standards of Underwriters Laboratories, Inc. or other equivalent nationally recognized standards.

~~[(b)](a)~~ Approaches to buildings and all spaces within the buildings occupied by people, machinery, or equipment shall have fixtures for lighting in accordance with at least mid range requirements shown in Tables 1A and 1B of the ~~[g)]~~ Guidelines in ~~[CP-]29-95~~, Lighting for Health Facilities, by the Illuminating Engineering Society of North America.

~~(b)~~ Parking lots shall have fixtures for lighting to provide light levels as recommended in IESNA Lighting for Parking Facilities (RP-20-85)~~[Handbook 1987, Volume 2 Applications]~~.

(c) Cover plates on electrical receptacles connected to the emergency system shall be red.

(d) The activating device for nurse call stations shall be of a contrasting color to the adjacent floor and wall surfaces to make it easily visible in an emergency.

(e) Fuel storage capacity of the emergency generator shall permit continuous operation of the facility for 48 hours.

(f) Building electrical services ~~[required to be]~~ connected to the emergency electrical source ~~[are defined in]~~ must comply with the specific rules for each licensure category.

**R432-4-24. General Construction, Patient Service Facilities.**

Guidelines for Design and Construction ~~[and Equipment]~~ of Hospital and ~~[Medical]~~ Health Care Facilities 199~~[2]6-199[3]7~~ edition, Section 7 and Appendix A (Guidelines), are incorporated and adopted by reference and shall be met except as modified in this section. Where a modification is cited, the modification supersedes conflicting requirements of the Guidelines.

(1) ~~[Nursing Unit:~~  
~~(a)]~~ Hospitals ~~[shall consist of]~~ must at least one nursing unit of at least six beds containing patient rooms, patient care spaces, and service areas.

~~[(b)](a)~~ When more than one nursing unit shares spaces and service areas, as permitted in this rule, the service areas shall be contiguous to each nursing unit served.

~~[(c)](b)~~ Identifiable spaces shall be provided for each of the required services.

(i) When used in this rule, "room or office" describes a specific, separate, enclosed space for the service.

(ii) When "room or office" is not used, multiple services may be accommodated in one enclosed space.

~~[(d)](c)~~ Facility services shall be accessible from common areas without compromising patient privacy.

(2) ~~[Patient Rooms:~~  
~~(a)]~~ Patient room area is ~~[shown]~~ identified in each individual construction rule for the licensure category rule.

(b)a The closets in each patient room shall be a minimum of 22 inches deep by ~~[36]~~at least 22 inches wide and high enough to hang full length garments and to accommodate two storage shelves.

(b) In new construction, all patient rooms shall have a hand washing fixture within the room.

(c) The hand washing fixture may be omitted from the toilet room if each patient room served by that toilet room contains a hand washing fixture.

(3) ~~[Linen Services.]~~The facility must provide linen services as follows:

(a) Processing laundry may be done within the facility, in a separate building on or off site, or in a commercial or shared laundry.

(b) If laundry is processed by an outside commercial laundry, the following shall be provided:

(i) a separate room for receiving and holding soiled linen until ready for transport[-];

(ii) ~~[A]~~a central, clean linen storage and issuing room(s) ~~[shall be designed]~~to accommodate linen storage for four days operation or two normal deliveries, whichever is greater[-]; and

(iii) ~~[H]~~handwashing facilities in each area where unbagged, soiled linen is handled.

(c) If the facility processes it's own laundry, within the facility or in a separate building, the following shall be provided:

(i) ~~[A]~~a receiving, holding, and sorting room for control and distribution of soiled linen[-];

(ii) ~~[A]~~a washing room with handwashing facilities and commercial equipment that can process a seven day accumulation of laundry within a regularly scheduled work week[-];

(iii) a drying room with dryers adequate for the quantity and type of laundry being processed; and

(iv) a clean linen storage room with space and shelving adequate to store one half of all linens and personal clothing being processed.

(d) ~~[Discharge from s]~~Soiled linen chutes shall discharge directly into~~[be located in]~~ the receiving room or in a room separated from the washing room, drying room and clean linen storage.

(e) Prewash facilities may be provided in the receiving, holding and sorting rooms.

(f) ~~[When]~~If laundry is processed by the facility, either a two or three room configuration may be used[-] as follows:

(g)i) A two room configuration shall consist of the following:

(i) ~~[A]~~ a room housing soiled linen receiving, sorting, holding, and prewash facilities; washers; and handwashing facilities[-]; and

(ii) ~~[B]~~ a room housing dryers; clean linen folding, sorting, and storage facilities; and handwashing facilities.

(h)ii) A three room configuration shall consist of:

(i) ~~[A]~~ a soiled linen receiving, sorting, holding room with prewash and handwashing facilities;

(ii) ~~[B]~~ a combination washer and dryer room arranged so linen flows from the soiled receiving area to the washers, to the dryers, and then to clean storage; and

(iii) ~~[C]~~ a clean storage room with folding, sorting, storage and handwashing facilities.

(iii) Physical separation shall be maintained between rooms by means of self closing doors.

(j)iv) Air movements shall be from the clean area to the soiled area. Air from the soiled area shall be exhausted directly to the outside.

(k)g) Handwashing sinks shall be provided and located within the laundry areas to maintain the functional separation of the clean and soiled processes.

(H)h) Rooms shall be arranged to prevent the transport of soiled laundry through clean areas and the transport of clean laundry through soiled areas.

(m)j) Convenient access to employee lockers and lounges shall be provided.

(n)j) Storage for laundry supplies shall be provided.

(o)k) A cart storage area for separate parking of clean and soiled linen carts shall be provided out of normal traffic paths.

**R432-4-25. Excluded Sections of the Guidelines.**

~~[The following]~~The Linen Services section[s]7.23 of the Guidelines does not apply, ~~[to the construction and design requirements:~~

~~— (1) Waste Processing, Section 7.27.~~

~~— (2) Linen Services, Section 7.22.]~~

**R432-4-26. Penalties.**

Any person who violates any provision of this rule may be subject to the penalties enumerated in 26-21-11 and R432-3-6 or be assessed a civil money penalty not to exceed the sum of \$5,000 or be punished for violation of a class B misdemeanor for the first violation and for any subsequent similar violation within two years for violation of a class A misdemeanor as provided in 26-23-6.

**KEY: health facilities**

~~[March 3, 1995]~~1999

26-21-5

Notice of Continuation January 29, 1999

26-21-16



Health, Health Systems Improvement,  
Health Facility Licensure  
**R432-5**  
Nursing Facility Construction

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 22366

FILED: 09/09/1999, 12:10

RECEIVED BY: NL

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This filing includes amendments to the current rule resulting from comments and suggestions received during committee review to update referenced codes and guidelines, correct errors, and modify some requirements based on current experience and needs.

SUMMARY OF THE RULE OR CHANGE: The proposed modifications include adoption of the current edition of the "Guidelines for Design and Construction of Hospital and Health Care Facilities." Other adopted codes are updated to the current editions. Elevator sizes are standardized for multilevel health care facilities to provide a gurney-size elevator. Electrical requirements have been modified. Typo errors have been corrected. Other modifications, such as gurney showers, hand rail height, use of evaporative coolers, and connections for emergency power, are included to clarify intent and provide for patient comfort and safety. The "Penalties" paragraph has been added as required by the Rulemaking Act.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 21

THIS RULE OR CHANGE INCORPORATES BY REFERENCE THE FOLLOWING MATERIAL: "Guidelines for Design and Construction of Hospital and Health Care Facilities," 1996-1997 edition.

ANTICIPATED COST OR SAVINGS TO:

❖THE STATE BUDGET: Limited cost to the state budget will include printing the modified rule and distribution to providers.

❖LOCAL GOVERNMENTS: No anticipated cost as enforcement of this rule does not apply to local governments.

❖OTHER PERSONS: This rule modification requires a slightly larger elevator. The cost will be approximately \$1,500 more per elevator. The Bureau is not aware of any planned multilevel nursing homes in the next five years. Electrical modifications will result in a cost savings of approximately \$0.50 to \$1 per square foot for each new facility. Other changes will not result in additional costs or savings. The Bureau is not aware of any new or remodeled nursing homes to be built or altered after the effective date of the new rule.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs for existing facilities. However, existing multilevel facilities that remodel, or newly constructed facilities built after the effective date, will incur approximately \$1,500 of expense per elevator. The Bureau is not aware of any such plans for new or remodeled nursing homes after the rules go into effect.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Update to rule to adopt current version of standard for construction will impose minor costs due to the increased size for an elevator. This will be offset by reduced costs for electrical requirements. The Department believes that regulated agencies prefer the standardization, but will review the need for this requirement based on public comments that may be received--Rod Betit

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Health  
Health Systems Improvement,  
Health Facility Licensure  
Cannon Health Building  
288 North 1460 West

PO Box 142003  
Salt Lake City, UT 84114-2003, or  
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:  
Debra Wynkoop-Green at the above address, by phone at (801) 538-6152, by FAX at (801) 538-6325, or by Internet E-mail at dwynkoop@doh.state.ut.us.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Rod L. Betit, Executive Director

**R432. Health, Health Systems Improvement, Health Facility Licensure.**

**R432-5. Nursing Facility Construction.**

**R432-5-1. Legal Authority.**

This rule is promulgated pursuant to Title 26, Chapter 21.

**R432-5-2. Purpose.**

The purpose of this rule is to promote the health and welfare through the establishment and enforcement of construction standards.

**R432-5-3. Definitions.**

([1]2) "Room or Office" when used in this rule describes a specific, separate, enclosed space for the service. When room or office is not used, multiple services may be accommodated in one enclosed space.

([2]1) "Special Care Unit" means a physical area within a licensed facility designated for the housing and treatment of residents diagnosed with a specifically defined disease or medical condition.

**R432-5-4. Description of Service.**

(1) A ~~N~~nursing unit shall consist of resident rooms, resident care spaces, and services spaces.

(2) Each ~~N~~nursing ~~U~~unit shall contain at least four resident beds.

(3) Rooms and spaces composing a nursing unit shall be contiguous.

(4) A nursing care facility operated in conjunction with a general hospital or other licensed health care facility shall comply with all provisions of this section. Dietary, storage, pharmacy, maintenance, laundry, housekeeping, medical records, and laboratory functions may be shared by two or more facilities.

(5) Special care units shall comply with all provisions of R432-5.

**R432-5-5. General Design Requirements.**

R432-4-1 through R432-4-23, and 24(3) apply with the following modifications.

(1) Fixtures in all public and resident toilet and bathrooms shall comply with Americans with Disabilities Act Accessibility

Guidelines, (ADAAG) 28 CFR 36, Appendix A, (July 1993). These rooms shall be wheelchair accessible with wheelchair turning space within the room.

~~(2) Turning space shall comply with ADAAG.~~

(3) Lavatories, ~~and~~ counters, and door clearances within resident rooms shall be wheelchair accessible.

#### R432-5-6. General Construction Requirements.

(1) Nursing facilities shall be constructed in accordance with the Guidelines for Design and Construction ~~and Equipment~~ of Hospital and ~~Medical~~ Health Care Facilities (Guidelines), Section 8 and Appendix A, 1992-1993 edition which is adopted by reference.

(2) Where a modification is cited, the modification supersedes conflicting requirements of the Guidelines.

#### R432-5-7. Nursing Unit.

(1) When more than one nursing unit shares spaces and service areas, as permitted in this rule, the shared spaces and service areas shall be contiguous to each nursing unit served.

(2) Facility service areas shall be accessible from common areas without compromising resident privacy.

(3) ~~The~~ Each nursing unit shall have a maximum number of 60 beds.

(4) At least two single-bed rooms, each with private toilet room containing a toilet, lavatory, and bathing facility shall be provided for each nursing unit.

(5)(a) In addition to the lavatory in the toilet room, in new construction and remodeling, a lavatory or handwashing sink shall be provided in the resident room.

(6)(b) Ventilation shall be in accordance with Table 6 with all air exhausted to the outside.

(7)(5) Each room shall have a window in accordance with R432-4-2(2)(7)(5).

(8)(6) Each resident closet shall be a minimum of 22 inches deep by 36 inches wide with a shelf to store clothing and a clothes rod positioned ~~at 70 inches to hang~~ to accommodate full length garments.

(9)(7) A nurse call system is not required in facilities which care for persons with mental retardation or developmental disabilities. With prior approval of the Department, a nursing facility may modify the system to alleviate hazards to residents.

(10)(8) Handwashing facilities shall be located near the nursing station and the drug distribution station.

(11)(9) A staff toilet room may also serve as a public toilet room if it is located in the nursing unit.

(12)(10) A clean workroom or clean holding room with a minimum area of 80 square feet shall provide for preparing resident care items.

(a) The clean work room shall contain a counter, handwashing facilities and storage facilities.

(b) The work counter and handwashing facilities may be omitted in rooms used only for storage and holding, as part of a larger system for distribution of clean and sterile supply materials.

~~(13) A soiled workroom with a minimum area of 80 square feet shall be provided.~~

~~(a) The soiled workroom shall contain a clinical sink, a sink equipped for handwashing, a work counter, waste receptacles, and a linen receptacle.~~

~~(b) Handwashing sinks, clinical sinks, and work counters may be omitted in rooms used only for temporary holding of soiled, bagged material.~~

~~(14)(11)~~ If a medical cart is used it shall be under visual control of staff.

(a) Double locked storage shall be provided for controlled drugs.

(b) Provisions shall be made for receiving, assembling, and storage of drugs and other pharmacy products.

~~(15)(12)~~ If a closed cart is used for clean linen storage, it shall be stored in a room with a self closing door. Storage in an alcove in a corridor is prohibited.

~~(16)(13)~~ Ice intended for human consumption shall be dispensed by self dispensing ice makers. Bin type storage units are prohibited.

~~(17)(14)~~ Resident bathing facilities shall be provided in each nursing unit at a ratio of one bathing facility for each 12 beds not otherwise served by bathing facilities within individual resident rooms. Gurney showers for residents may be provided at the option of the facility.

(a) One bathtub and shower shall be provided on each nursing floor in addition to bath fixtures in resident toilet rooms.

(b) At least one shower on each floor shall be at least four feet square without curbs designed for use by a resident using a wheelchair.

(c) Each resident bathtub and shower shall be in a separate room or enclosure large enough to ensure privacy and to allow staff to assist with bathing, drying, and dressing.

~~(18)(15)~~ At least one toilet room shall be provided on each floor containing a nursing unit to be used for resident toilet training.

(a) The room shall contain a toilet and lavatory with wheelchair turning space within the room.

(b) A toilet room with direct access from the bathing area shall be provided at each central bathing area if a toilet is not otherwise provided in the bathing area. The toilet training facility may serve this function if there is direct access from the bathing area.

(c) Doors to toilet rooms shall have a minimum width of 34 inches to admit a wheelchair. The doors shall permit access from the outside in case of an emergency.

(d) A handwashing fixture shall be provided in each toilet room.

~~(19)(16)~~ An equipment storage room with a minimum area of 120 square feet for portable equipment shall be provided.

#### R432-5-8. Resident Support Areas.

(1) Occupational therapy service areas may be counted in the calculation of support space.

(2) Physical Therapy, personal care room, and public waiting lobbies shall not be included in the calculation of support space.

(3) There shall be resident living areas equipped with tables, reading lamps, and comfortable chairs designed to be usable by all residents.

(4) There shall be a general purpose room with a minimum area of 100 square feet equipped with a table and comfortable chairs.

(5) A minimum area of ten square feet per bed shall be provided for outdoor recreation. This space shall be provided in addition to the setbacks on street frontages required by local zoning ordinances.

- (6) Examination and Treatment rooms.
- (a) An examination and treatment room shall be provided except when all resident rooms are single bed rooms.
- (b) An examination and treatment room may be shared by multiple nursing units.
- (c) When provided, the room shall have a minimum floor area of 100 square feet, excluding space for vestibules, toilet, closets, and work counters, whether fixed or moveable.
- ~~[(d) The minimum allowable floor dimension shall be ten feet.]~~
- ~~(e)~~(d) The room shall contain a lavatory equipped for handwashing, work counter, storage facilities, and a desk, counter, or shelf space for writing.
- (7) In addition to facility general storage areas, at least five square feet per bed shall be provided for resident storage.

**R432-5-1~~10~~9. Rehabilitation Therapy.**

- (1) A separate storage room for clean and soiled linen shall be provided contiguous to the rehabilitation therapy area.
- (2) Storage for rehabilitation therapy supplies and equipment shall be provided.

**R432-5-1~~10~~10. General Services.**

- (1) Linen services shall comply with R432-4-24(3).
- (2) There shall be one housekeeping room for each nursing unit.
- (3) Yard equipment and supply storage areas shall be located so that equipment may be moved directly to the exterior without passing through building rooms or corridors.

**R432-5-1~~2~~1. Waste Storage and Disposal.**

Facilities and equipment shall be provided for the sanitary storage and treatment or disposal of all categories of waste, including hazardous and infectious wastes if applicable, using techniques defined by the Utah Department of Environmental Quality, and the local health department having jurisdiction.

**R432-5-1~~3~~2. Details and Finishes.**

- ~~[(1) Windows shall comply with R432-4-22(7).]~~
- ~~(2)~~(1) Grab bars shall be installed in all toilet rooms in accordance with the ADAAG.
- ~~[(3)]~~(2) Corridor and hallway handrails shall comply with ADAAG. The top of the rail shall be 34 inches above the floor, except for areas serving children and other special care areas.
- ~~[(4)]~~(3) Cubicle curtains and draperies shall be affixed to permanently mounted tracks or rods. Portable curtains or visual barriers are not permitted.
- ~~[(5)]~~(4) Signs shall be provided as follows:
  - (a) general and circulation direction signs in corridors;
  - (b) identification at each door; and
  - (c) emergency directional signs;
  - (d) all signs in corridors shall comply with ADAAG.
- ~~[(6)]~~(5) Partitions, floor and ceiling construction in resident areas shall comply with the noise reduction criteria of Table 1 for sound control.

TABLE 1

Sound Transmission Limitations in Long-Term Care Facilities

Class (IIC) (b) (Residents')	Airborne Sound Transmissions Transmissions Class (STC) (a)	
	Partitions	Floors
room to resident's room	35	40
Public space to (residents') room (b)	40	40
Service areas to (residents') room (c)	45	45

- (a) Sound transmissions (STC) shall be determined by tests in accordance with Standard E90 and ASTM Standard E413. Where partitions do not extend to the structure above, the designer shall consider sound transmissions through ceilings and composite STC performance.
- (b) Public space includes lobbies, dining rooms, recreation rooms, treatment rooms, and similar space.
- (c) Service areas include kitchens, elevators, elevator machine rooms, laundry rooms, garages, maintenance rooms, boilers and mechanical equipment rooms and similar spaces of high noise. Mechanical equipment located on the same floor or above patient's rooms, offices, nurses' stations, and similarly occupied space shall be effectively isolated from the floor.

**R432-5-1~~4~~3. Elevators.**

At least one elevator serving all levels shall accommodate a gurney with attendant and have minimum inside cab dimensions of 5'8" wide by 8'5" deep and a minimum clear door width of 3'8".~~[(1) Elevators shall comply with ASMR Elevator and Escalator A17.1, 1993 edition, and ADAAG.~~

~~—(2) An intercom connected to a 24-hour staffed position shall be installed in each elevator.~~

~~—(3) When two or more licensed health care facilities share a physical plant, elevators may be shared if all requirements are met.~~

~~—(4) The licensee shall ensure that the elevator inspections and tests required by state and local agencies are completed and shall retain, in the facility, written certification that the installation meets applicable requirements.]~~

**R432-5-1~~5~~4. Mechanical Standards.**

- (1) Mechanical tests shall be conducted prior to final Department construction inspection.
- (2) Written test results shall be retained in facility maintenance files and available for Department review.~~—(3) Insulation containing any asbestos is prohibited.]~~
- ~~[(4)]~~(3) Air Conditioning, Heating, and Ventilating Systems shall include:
  - (a) A heating system capable of maintaining a temperature of 80 degrees Fahrenheit in areas occupied by residents.
  - (b) A cooling system capable of maintaining a temperature of 72 degrees Fahrenheit in areas occupied by residents.
  - (c) Evaporative coolers may only be used in kitchen hood systems that provide 100% outside air~~[not be used].~~
  - (d) Isolation rooms may be ventilated by reheat induction units in which only the primary air supplied from a central system passes through the reheat unit. No air shall be recirculated into the building system.
  - (e) Supply and return systems must be within a duct. Common returns using corridor or attic spaces as return plenums are prohibited.

(f) Filtration shall be provided when mechanically circulated outdoor air is used.

~~[(g)] Dampers and Fans:~~

~~(i) Fans and dampers shall be interconnected so that activation of dampers shall automatically shut down fans.~~

~~(ii) Smoke dampers shall be equipped with remote control reset devices. Manual reopening is permitted where dampers are located for convenient access.~~

~~(h)](g) Hoods.~~

(i) All hoods over cooking ranges shall be equipped with grease filters, fire extinguishing systems, and heat activated fan controls.

(ii) Cleanout openings shall be provided every 20 feet in horizontal sections of duct systems serving the hoods.

~~[(i) Air from areas with contamination or odor problems, such as toilet areas, clinical sinks, smoking rooms, isolation rooms, soiled linen rooms, and housekeeping closets shall be exhausted to the outside and not recirculated to other areas.~~

~~[(j)](h) Gravity exhaust may be used, where conditions permit, for boiler rooms, central storage, and other nonresident areas.~~

~~[(5)](4) Plumbing and other Piping Systems shall include:~~

(a) Handwashing facilities that are arranged to provide sufficient clearance for single lever operating handles.

~~[(b) Fixtures in resident use areas equipped with cross or tee handles or single lever operating handles.~~

~~[(c)](b) Dishwashers, disposal and appliances that are National Sanitation Foundation (NSF) approved and have the NSF seal affixed.~~

~~[(d)](c) Kitchen grease traps that are located and arranged to permit access without the need to enter food preparation or storage areas.~~

~~[(e)](d) Hot water provided in patient tubs, showers, whirlpools, and handwashing facilities that is regulated by thermostatically controlled automatic mixing valves. These valves may be installed on the recirculating system or on individual inlets to appliances.~~

~~(f) All piping and valves in all systems, except control line tubing, shall be labeled to show content of line and direction of flow:~~

~~(i) Labels shall be permanent, either metal or paint.~~

~~(ii) Labels shall be clearly visible to personnel.]~~

**R432-5-1[6]5. Electric Standards.**

(1) Operators shall maintain written certification to the Department verifying that systems and grounding comply with NFPA 99 and NFPA 70.

(2) Approaches to buildings and all spaces within buildings occupied by people, machinery, or equipment shall have fixtures for lighting in accordance with the requirements of the Illuminating Engineering Society of North America (IESNA), ~~and with the Guidelines Table 9.~~ Parking lots shall have fixtures for lighting to provide light levels as recommended in IES Lighting Handbook 1987, Volume 2, Applications by Illuminating Engineering Society of North America.

(3) Automatic emergency lighting shall be provided in accordance with NFPA 99 and NFPA 101.

(4) Each examination and work table shall have access to a minimum of two duplex outlets.

~~(5) Receptacle cover plates on the emergency system shall be red.~~

~~[(5)](6) An on-site emergency generator shall be provided in all nursing care facilities except small ICF/MR health care facilities of 16 beds or less.~~

~~(a) [The following services shall be connected to the emergency generator:~~

~~(i) life safety branch, as defined in section 517-32 of the National Electric Code NFPA 70;~~

~~(ii) equipment system, as defined in 517-34 of the National Electric Code NFPA 70;~~

~~(iii) telephone;~~

~~(iv) nurse call system;~~

~~(v) medicine preparation system;~~

~~(vi) lighting at nurses station;~~

~~(vii) heating equipment necessary to provide heated space to house all residents under emergency conditions;~~

~~(viii) one duplex convenience outlet at each nurse station;~~

~~(ix) duplex convenience outlets in the emergency heated area at a ratio of one for each ten residents.]In addition to requirements of NFPA 70, Section 517-40, the following equipment shall be connected to the critical branch of the essential electrical system.~~

~~(i) heating equipment necessary to provide heated space sufficient to house all residents under emergency conditions,~~

~~(ii) duplex convenience outlets in the emergency heated area at the ratio of one duplex outlet for each ten residents,~~

~~(iii) nurse call system,~~

~~(iv) one duplex receptacle in each resident bedroom.~~

(b) Fuel storage shall permit continuous operation of the services required to be connected to the emergency generator for 48 hours.

**R432-5-1[7]6. Exclusions to the Guidelines.**

The following sections of the Guidelines do not apply:

(1) Parking, Section 8.1.F.

(2) Program of Functions, Section 8.1.G.

(3) Clean Utility Room, Subsection 8.2.C.5.

(4) Windows, Subsection 8.2.B3. and 8.8.A4.

~~[(5) Soiled Utility Rooms, Subsection 8.2.C6.~~

~~(6) [Resident Bathing Facilities, Subsection 8.2.C11.~~

~~(7) Resident Toilet Facilities, Section 8.2.D and Subsection 8.4.A2.~~

~~[(8)](5) Linen Services, section 8.[6E]11.]~~

~~(9) Waste Storage and Disposal, section 8.7.]~~

**R432-5-17. Penalties.**

Any person who violates any provision of this rule may be subject to the penalties enumerated in 26-21-11 and R432-3-6 or be assessed a civil money penalty not to exceed the sum of \$5,000 or be punished for violation of a class B misdemeanor for the first violation and for any subsequent similar violation within two years for violation of a class A misdemeanor as provided in 26-23-6.

**KEY: health facilities**

**[March 3, 1995]1999**

**Notice of Continuation January 29, 1999**

**26-21-5**

**26-21-16**



Health, Health Systems Improvement,  
Health Facility Licensure

**R432-7**

Specialty Hospital - Psychiatric  
Hospital Construction

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 22367

FILED: 09/09/1999, 12:10

RECEIVED BY: NL

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This filing includes amendments to the current rule resulting from comments and suggestions received during committee review to update referenced codes and guidelines, correct errors, and modify some requirements based on current experience and needs.

SUMMARY OF THE RULE OR CHANGE: The proposed modifications include adoption of the current edition of the "Guidelines for Design and Construction of Hospital and Health Care Facilities." Elevator sizes are standardized for multilevel health care facilities to provide a gurney-size elevator. Typo errors have been corrected. Other modifications, such as Americans with Disabilities Act (ADA) compliant showers and doors to toilet rooms are included to clarify intent and provide for patient comfort and safety. The "Penalties" paragraph has been added.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 21

ANTICIPATED COST OR SAVINGS TO:

❖THE STATE BUDGET: Limited cost to the state budget will include printing the modified rule and distribution to providers.

❖LOCAL GOVERNMENTS: No anticipated cost as enforcement of this rule does not apply to local governments.

❖OTHER PERSONS: The proposed 8'5" by 5'8" elevator will cost approximately \$1,500 more per elevator over the previously required gurney-size elevator. It has been several years since a free standing psychiatric hospital was licensed. It is not anticipated that one will be built for some time.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs for existing facilities. However, existing multilevel facilities that remodel, or newly constructed facilities built after the effective date, will incur approximately \$1,500 of expense per elevator. The Bureau is not aware of any such plans for a new or remodeled psychiatric hospital after the rules go into effect.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Update to rule to adopt current version of standard for construction will impose minor costs due to the increased size for an elevator. Updates to comply with ADA requirements also added. The Department

believes that regulated agencies prefer the standardization, but will review the need for this requirement based on public comments that may be received--Rod Betit

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Health  
Health Systems Improvement,  
Health Facility Licensure  
Cannon Health Building  
288 North 1460 West  
PO Box 142003  
Salt Lake City, UT 84114-2003, or  
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

Debra Wynkoop-Green at the above address, by phone at (801) 538-6152, by FAX at (801) 538-6325, or by Internet E-mail at dwynkoop@doh.state.ut.us.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Rod L. Betit, Executive Director

**R432. Health, Health Systems Improvement, Health Facility Licensure.**

**R432-7. Specialty Hospital - Psychiatric Hospital Construction.**

**R432-7-1. Legal Authority.**

This rule is promulgated pursuant to Title 26, Chapter 21.

**R432-7-2. Purpose.**

The purpose of this rule is to establish construction standards for a specialty hospital for psychiatric services.

**R432-7-3. General Design Requirements.**

R432-4-1 through R432-4-22 apply to this rule with the following modifications.

**R432-7-4. General Construction, Ancillary Support Facilities.**

R432-4-23 (2) through (19) applies with the following modifications:

(1) [~~Door width.~~] Leaf width for patient room doors and doors to patient treatment rooms shall be a minimum of three feet.

(2) [~~Corridor.~~] Corridors in patient use areas shall be a minimum of six feet wide.

(3) Grab Bars. Where grab bars are provided, the space between the bar and the wall shall be filled. Bars, including those which are part of such fixtures as soap dishes, shall be sufficiently anchored to sustain a concentrated load of 250 pounds. Grab bars shall meet the requirements of ADAAG.

(4) Emergency Electrical Service. An on-site emergency generator shall be provided connecting the following services:

(a) life safety branch, as defined in section 517-32 of the National Electric Code NFPA 70;

(b) critical branch, as defined in 517-33 of the National Electric Code NFPA 70;

(b)(c) equipment system, as defined in 517-34 of the National Electric Code NFPA 70;

(c)(d) telephone;

(c)(e) nurse call;

(c)(f) heating equipment necessary to provide heating space to house all patients under emergency conditions;

(f)(g) one duplex convenience outlet in each patient bedroom;

(g)(h) one duplex convenience outlet at each nurses station;

and

(h)(i) duplex convenience outlets in the emergency heated part at a ratio of one for each ten patients.

(6)(5) Nurse Call System. A nurse call system is optional. If installed, provisions shall be made for the easy removal or covering of call buttons.

(7)(6) X-ray Equipment. If installed, fixed and mobile x-ray equipment shall conform to Articles 517 and 660 of NFPA 70.

(8)(7) Security glazing. Security glazing and other security features shall be used at all windows of the nursing unit and other patient activity and treatment areas to reduce the possibility of patient injury or escape.

**R432-7-5. General Construction, Patient Facilities.**

(1) The requirements of R432-4-24 and Section 11 of the Guidelines for Design and Construction of Hospital and Medical Health Care Facilities, including Appendix A, 199[2]6-199[3]7 edition (Guidelines) shall be met except as modified in this rule. Where a modification is cited, the modification supersedes conflicting requirements of R432-4-24 and the Guidelines.

(2) Patient Rooms.

(a) At least two single bed rooms with a private toilet room shall be provided for each nursing unit.

(b) Minimum clear dimensions of closets in patient rooms shall be 22 inches deep and 36 inches wide. The clothes rod shall be of the breakaway type.

(3) The Service Area, Guidelines Section 11.2.B, is modified as follows:

(a) Each bathtub or shower shall be in an individual room or enclosure sized to allow staff assistance and designed to provide privacy during bathing, drying, and dressing.

(b) At least one [S]shower[s] in central bathing facilities shall be [at least four feet square, be curb free, and be]designed in accordance with the Americans with Disabilities Act Accessibility Guidelines (ADAAG) for use by a person with a wheelchair.

(c) A toilet room with direct access from the bathing area, shall be provided at each central bathing area.

(d) Doors to toilet rooms shall ~~[have a minimum width of 34 inches to admit a person using a wheelchair]~~comply with ADAAG. The doors shall permit access from outside in case of an emergency.

(e) A handwashing fixture shall be provided in each toilet room except as provided in ~~[Section 11.2.A4 of the Guidelines]~~R432-4-24(2)(d).

(f) At least one patient toilet room in each nursing unit shall contain a shower or tub in addition to the toilet and lavatory. Fixtures shall be wheelchair accessible with wheelchair turning space within the room.

(g) Separate activity areas shall be provided for pediatric and adolescent nursing units.

(4) Child Psychiatric ~~[Room]~~Unit, Guidelines Section 11.3, is modified as follows:

(a) Pediatric and adolescent nursing units shall be physically separated from adult nursing units.

(b) Examination and treatment rooms shall be provided for pediatric and adolescent patients separate from adult rooms.

(i) Each room shall provide a minimum of 100 square feet of usable space exclusive of fixed cabinets, fixtures, and equipment.

(ii) Each room shall contain a work counter, storage facilities, and lavatory equipped for handwashing.

(5) In addition to the service area requirements, individual rooms or a multipurpose room shall be provided for dining, education, and recreation.

(a) Insulation, isolation, and structural provisions shall minimize the transmission of impact noise through the floor, walls, or ceiling of these multipurpose rooms.

(b) Service rooms may be shared by more than one pediatric or adolescent nursing unit, but shall not be shared with adult nursing units.

(6) A patient toilet room, in addition to those serving bed areas, shall be conveniently accessible from multipurpose rooms.

(7) Storage closets or cabinets for toys, educational, and recreational equipment shall be provided.

(8) Linen services shall comply with R432-4-24(3).

**R432-7-6. Exclusions to the Guidelines.**

The following sections of the Guidelines do not apply:

(1) Linen services, section 11.16.

(2) Windows, Subsection 11.2.A3.

(3) Parking, Subsection 11.1.~~[P]~~C.

**R432-7-7. Penalties.**

Any person who violates any provision of this rule may be subject to the penalties enumerated in 26-21-11 and R432-3-6 or be assessed a civil money penalty not to exceed the sum of \$5,000 or be punished for violation of a class B misdemeanor for the first violation and for any subsequent similar violation within two years for violation of a class A misdemeanor as provided in 26-23-6.

**KEY: health facilities**

~~[March 3, 1995]~~1999

26-21-5

26-21-2.1

26-21-20



Health, Health Systems Improvement,  
Health Facility Licensure

**R432-8**

Specialty Hospital - Chemical  
Dependency/Substance Abuse  
Construction



**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 22368

FILED: 09/09/1999, 12:10

RECEIVED BY: NL

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This filing includes amendments to the current rule resulting from comments and suggestions received during committee review to update referenced codes and guidelines, correct errors, and modify some requirements based on current experience and needs.

SUMMARY OF THE RULE OR CHANGE: The proposed modifications include adoption of the current edition of the "Guidelines for Design and Construction of Hospital and Health Care Facilities." An emergency generator reference is updated to be more accurate. Other modifications, such as Americans with Disabilities Act (ADA) compliant showers and doors to toilet rooms are included to clarify intent and provide for patient comfort and safety. The "Penalties" paragraph has been added as required by the Rulemaking Act.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 21

## ANTICIPATED COST OR SAVINGS TO:

❖THE STATE BUDGET: Limited cost to the state budget will include printing the modified rule and distribution to providers.

❖LOCAL GOVERNMENTS: No anticipated cost or saving as enforcement of this rule does not apply to local governments.

❖OTHER PERSONS: The latest edition of the "Guidelines," adopted by this rule modification, includes the requirement for a larger elevator. This requirement has been modified to a smaller elevator by this rule and will result in a cost reduction of approximately \$7,000 per elevator. No other changes are expected to result in increase or decrease costs. The Bureau does not believe that a chemical dependency/substance abuse hospital will be built within the next five years.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The Bureau does not believe that a chemical dependency/substance abuse hospital will be built in the near future. Therefore no compliance costs are anticipated as a result of the modifications to this rule.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Update to rule to adopt current version of standard for construction will impose minor costs due to the increased size for an elevator. The Department believes that regulated agencies prefer the standardization, but will review the need for this requirement based on public comments that may be received--Rod Betit

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Health  
Health Systems Improvement,

Health Facility Licensure  
Cannon Health Building  
288 North 1460 West  
PO Box 142003  
Salt Lake City, UT 84114-2003, or  
at the Division of Administrative Rules.

## DIRECT QUESTIONS REGARDING THIS RULE TO:

Debra Wynkoop-Green at the above address, by phone at (801) 538-6152, by FAX at (801) 538-6325, or by Internet E-mail at dwynkoop@doh.state.ut.us.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Rod L. Betit, Executive Director

**R432. Health, Health Systems Improvement, Health Facility Licensure.****R432-8. Specialty Hospital - Chemical Dependency/Substance Abuse Construction.****R432-8-1. Legal Authority.**

This rule is adopted pursuant to Title 26, Chapter 21.

**R432-8-2. Purpose.**

This rule applies to a hospital that chooses to be licensed as a specialty hospital and which has as its major single service the treatment of patients with chemical dependency or substance abuse. The rule identifies the construction standards for a specialty hospital, if the hospital chooses to have a dual major service, e.g., chemical dependency or substance and psychiatric care, then both of the appropriate specialty hospital construction rules apply.

**R432-8-3. General Design Requirements.**

See R432-4-1 through R432-4-22.

**R432-8-4. General Construction, Ancillary Support Facilities.**

R432-4-23 applies with the following modifications:

- (1) Corridors. Corridors in patient use areas shall be a minimum six feet wide.
- (2) Door leaf width for patient room doors and doors to patient treatment rooms shall be a minimum three feet.
- (3) Ceiling finishes. Ceiling construction in patient and seclusion rooms shall be monolithic.
- (4) ~~[Plumbing-]~~Bed pan flushing devices are optional.
- (5) Emergency Electrical Service.
  - (a) An on-site emergency generator shall be provided.
  - (b) The following services shall be connected to the emergency generator:
    - (i) life safety branch, as defined in section 517-32 of the National Electric Code NFPA 70;
    - (ii) critical branch, as defined in 517-33 of the National Electric Code NFPA 70;
    - (iii) equipment system, as defined in 517-34 of the National Electric Code NFPA 70;
    - (i~~ii~~v) telephone;

- ([i]v) nurse call;
- (vi) heating equipment necessary to provide adequate heated space to house all patients under emergency conditions;
- (vii) one duplex convenience outlet in each patient bedroom;
- (viii) one duplex convenience outlet at each nurse station;
- (~~vii~~ix) duplex convenience outlets in the emergency heated area at a ratio of one for each ten patients.
- (6) Nurse Call System.
  - (a) A nurse call system is optional.
  - (b) If a nurse call system is installed, provisions shall be made for the easy removal or covering of call buttons.

#### **R432-8-5. General Construction, Patient Service Facilities.**

(1) The requirements of R432-4-24 and the requirements of Chapter 7 including Appendix A of the Guidelines for Design and Construction~~[and Equipment]~~ of Hospital[s] and Medical Health Care Facilities, 199[2]6-199[3]7 edition (Guidelines) shall be met. Where a modification is cited, the modification supersedes conflicting requirements of R432-4-24 and the Guidelines.

(2) ~~[Environment.]~~The environment of the nursing unit shall give a feeling of openness with emphasis on natural light and exterior views.

(a) Interior finishes, lighting, and furnishings shall suggest a residential rather than an institutional setting.

(b) Security and safety devices shall be presented in a manner which will not attract or challenge tampering by patients.

(3) Patient rooms.

(a) At least two single-bed rooms, with private toilet rooms, shall be provided for each nursing unit.

(b) Minimum patient room areas, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules, shall be 100 square feet in single-bed rooms and 80 square feet per bed in multiple-bed rooms. The areas listed are minimum and do not prohibit larger rooms.

(c) Patient rooms shall include a wardrobe, closet, or locker, having minimum clear dimensions of 22 inches deep by 36 inches wide, suitable for hanging full-length garments. A break-away clothes rod and adjustable shelf shall be provided.

(d) Visual privacy is not required in all multiple-bed rooms, however privacy curtains shall be provided in five percent of multiple-bed rooms for use in treating detoxification patients.

(4) ~~[Service areas.]~~Laundry facilities shall be available to patients, including an automatic washer and dryer.

(5) Bathing facilities shall be provided in each nursing unit at a ratio of one bathing facility for each six beds not otherwise served by bathing facilities within individual patient rooms.

(a) Each bathtub or shower shall be in an individual room or enclosure adequately sized to allow staff assistance and designed to provide privacy during bathing, drying, and dressing.

(b) At least one [S]shower[s] in central bathing facilities shall ~~[have a floor area of at least four feet square, be curb free, and ]~~be designed in accordance with ADAAG for use by a wheelchair patient.

(6) ~~[Toilet Facilities.]~~A toilet room with direct access from the bathing area shall be provided at each central bathing area.

(a) Doors to toilet rooms shall ~~[have a minimum width of 34 inches to admit a wheelchair]~~comply with ADAAG. The doors shall permit access from the outside in case of an emergency.

(b) A handwashing fixture shall be provided for each toilet in each toilet room.

(c) At least one patient toilet room in each nursing unit shall contain a shower or tub in addition to the toilet and lavatory. Fixtures shall be wheelchair accessible.

(7) ~~[Seclusion Rooms.]~~There shall be at least one seclusion room for each 24 beds, or a ~~[major]~~fraction thereof, located for direct nursing staff supervision or equipped with a closed circuit television system with a monitor at the nursing station.

(a) Each seclusion room shall be designed for occupancy by one patient. The room shall have an area of at least 60 square feet and shall be constructed to prevent patient hiding, escape, injury, or suicide.

(b) If a facility has more than one nursing unit, the number of seclusion rooms shall be a function of the total number of beds in the facility.

(c) Seclusion rooms may be grouped in a common area.

(d) Special fixtures and hardware for electrical circuits shall be used to provide safety for the occupant.

(e) Doors shall be 44 inches wide and shall permit staff observation of the patient while providing patient privacy.

(f) Seclusion rooms shall be accessed through an anteroom or vestibule which also provides direct access to toilet rooms. The toilet and anteroom shall be large enough to safely manage the patient.

(g) Seclusion rooms including floor, walls, ceiling, and all openings, shall be protected with not less than one-hour-rated construction.

#### **R432-8-6. Additional Specific Category Requirements.**

(1) Dining, Recreation and Day Space. The facility layout shall include a minimum total inpatient space for dining, recreation, and day use computed on the basis of 30 square feet per bed for all beds in excess of 100.

(a) The facility shall include a minimum of 200 square feet for outpatients and visitors when dining is part of a day care program.

(b) If dining is not part of a day care program, the facility shall provide a minimum of 100 square feet of additional outpatient day space.

(c) Enclosed storage space for recreation equipment and supplies shall be provided in addition to the requirements of day use.

(2) Recreation and Group Therapy Space. At least two separate social areas, one designed for noisy activities and one designed for quiet activities, shall be provided as follows:

(a) At least 120 square feet shall be provided for each area.

(b) The combined area of the two areas shall be at least 40 square feet per patient.

(c) Activity areas may be utilized for dining activities and may serve more than one adult nursing unit.

(d) Activity areas shall be provided for pediatric and adolescent nursing units which are separate from adult areas.

(e) Space for group therapy shall be provided and activity spaces may be used for group therapy activities.

(3) ~~[Examination and Treatment Room.]~~Examination and treatment rooms shall be provided except when all patient rooms are single-bed rooms.

(a) An examination and treatment room may be shared by multiple nursing units.

(b) If provided, the room shall have a minimum floor area of 110 square feet, excluding space for vestibules, toilet, closets, and work counters, whether fixed or movable.

(c) The minimum allowable floor dimension shall be ten feet.

(d) The room shall contain a lavatory or sink equipped for handwashing, work counter, storage facilities, and a desk, counter, or shelf space for writing.

(4) A consultation room shall be provided.

(a) Rooms shall have a minimum floor space of 100 square feet, and be provided at a room-to-bed ratio of one consultation room for each 12 beds.

(b) They shall be designed for acoustical and visual privacy and constructed using [standard] wall construction assemblies [designed to achieve a noise reduction of at least 45 decibels] with a minimum STC rating of 50.

(c) They shall provide appropriate space for evaluation of patient needs and progress, including work areas for evaluators and work space for patients.

(5) A multipurpose room for staff and patient conferences, education, demonstrations, and consultation, shall be provided.

(a) It shall be separate from required activity areas defined in R432-8-6(2).

(b) If provided in the administration area, it may be utilized for this requirement if it is conveniently accessible from a patient-use corridor.

(6) [Educational Space.] If child education is provided through facility-based programs, a room shall be provided in the adolescent unit for this purpose. The room shall contain at least 20 square feet per pediatric and adolescent bed, but not less than 250 square feet. Multiple use rooms may be used, but must be available for educational programs on a first priority basis.

(7) [Adolescent Unit.] Pediatric and adolescent nursing units shall be physically separated from adult nursing units and examination and treatment rooms. In addition to the service requirements of R432-8-7, individual rooms or a multipurpose room shall be provided for dining, education, and recreation. Insulation, isolation, and structural provisions shall minimize the transmission of impact noise through the floor, walls, or ceiling of these multipurpose rooms. Service rooms may be shared by more than one pediatric or adolescent nursing unit, but shall not be shared with adult nursing units.

(a) A patient toilet room, in addition to those serving bed areas, shall be conveniently accessible from multipurpose rooms.

(b) Storage closets or cabinets for toys, educational, and recreational equipment shall be provided.

**R432-8-7. Exclusions From the Standard.**

The following sections of the Guidelines do not apply:

(1) Parking, Section 7.1.D, Subsection 7.2.A[5]4, and 7.2.A[8, 7.2.A9, and 7.2.B19].

(2) Infectious Isolation Rooms, Section 7.2.[6]c.

(3) Protective Isolation Rooms, Section 7.2.D.

(4) [Security] Seclusion Rooms, Section 7.2.E.

(5) Critical Care Units, Section 7.3.

(6) Newborn Nurseries, Section 7.4.

(7) Pediatric and Adolescent Unit, Section 7.5.

(8) Psychiatric Nursing Unit, Section 7.6.

(9) Surgical Suite, Section 7.7.

(10) Obstetrical Suite, Section 7.8.

(11) Emergency Services, Section 7.9.

(12) Imaging Suite, Section 7.10.

(13) Nuclear Medicine, Section 7.11.

(14) Laboratory Services, Section 7.12.

(15) Renal Dialysis Unit, Section 7.14.

(1[5]6) Rehabilitation Therapy Department, Section 7.13.

(1[6]7) Respiratory Therapy Services, Section 7.1[4]5.

(1[7]8) Morgue, Section 7.1[5]6.

(1[8]9) Pharmacy, Section 7.1[6]7.

([19]20) Linen Services, Section 7.2[2]3.[

—(20) Waste Processing Services, Section 7.27.]

**R432-8-8. Penalties.**

Any person who violates any provision of this rule may be subject to the penalties enumerated in 26-21-11 and R432-3-6 or be assessed a civil money penalty not to exceed the sum of \$5,000 or be punished for violation of a class B misdemeanor for the first violation and for any subsequent similar violation within two years for violation of a class A misdemeanor as provided in 26-23-6.

**KEY: health facilities**

**[March 3, 1995]1999**

26-21-5  
26-21-2.1  
26-21-20



**Health, Health Systems Improvement,  
Health Facility Licensure  
R432-9  
Specialty Hospital - Rehabilitation  
Construction Rule**

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 22369

FILED: 09/09/1999, 12:10

RECEIVED BY: NL

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** This filing includes amendments to the current rule resulting from comments and suggestions received during committee review to update referenced codes and guidelines, correct errors, and modify some requirements based on current experience and needs.

**SUMMARY OF THE RULE OR CHANGE:** The proposed modifications include adoption of the current edition of the "Guidelines for Design and Construction of Hospital and Health Care Facilities." An emergency generator reference is updated to be more accurate. The "Penalties" paragraph has been added as required by the Rulemaking Act.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 21

## ANTICIPATED COST OR SAVINGS TO:

❖THE STATE BUDGET: Limited cost to the state budget will include printing the modified rule and distribution to providers.

❖LOCAL GOVERNMENTS: No anticipated cost as enforcement of this rule does not apply to local governments.

❖OTHER PERSONS: The latest edition of the "Guidelines," adopted by this rule modification, includes the requirement for a larger elevator. This requirement has been modified to a smaller elevator by this rule and will result in a cost reduction of approximately \$7,000 per elevator. The Bureau does not believe that a rehabilitation hospital will be built in the next five years.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The Bureau does not believe that a rehabilitation hospital will be built in the near future. Therefore, no compliance costs are anticipated as a result of the modifications to this rule.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Update rule to adopt current version of standard for construction. The Department believes that regulated agencies prefer the standardization, but will review the need for this requirement based on public comments that may be received.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Health  
Health Systems Improvement,  
Health Facility Licensure  
Cannon Health Building  
288 North 1460 West  
PO Box 142003  
Salt Lake City, UT 84114-2003, or  
at the Division of Administrative Rules.

## DIRECT QUESTIONS REGARDING THIS RULE TO:

Debra Wynkoop-Green at the above address, by phone at (801) 538-6152, by FAX at (801) 538-6325, or by Internet E-mail at dwynkoop@doh.state.ut.us.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Rod L. Betit, Executive Director

### **R432. Health, Health Systems Improvement, Health Facility Licensure.**

#### **R432-9. Specialty Hospital - Rehabilitation Construction Rule.**

##### **R432-9-1. Legal Authority.**

This rule is adopted pursuant to Title 26, Chapter 21.

##### **R432-9-2. Purpose.**

The purpose of this rule is to promote the public health and welfare through the establishment of construction standards for rehabilitation hospitals.

##### **R432-9-3. General Design Requirements.**

R432-4-1 through 22 apply to this rule.

##### **R432-9-4. General Construction Ancillary Support Facilities.**

R432-4-23 applies with the following modifications:

(1) Corridors in patient use areas shall be a minimum eight feet wide.

(2) Handrails shall comply with ~~[ADAAG]~~the Americans with Disabilities Act Accessibility Guidelines and located on both sides of hallways and corridors used by patients.

(a) The top of the rail shall be ~~[32]~~34-38 inches above the floor, except for areas serving children and other special care areas.

(b) Ends of handrails and grab bars shall be constructed to prevent persons from snagging their clothes.

(3) Standards for the Disabled. All fixtures in all toilet and bath rooms, except those in the activities for daily living unit, shall be wheelchair accessible with wheelchair turning space within the room.

(4) Plumbing.

(a) ~~[Medical gas]~~Oxygen and suction systems shall be installed to serve 25 percent of all patient beds.

(b) Installation shall be in accordance with R432-4 and NFPA 99.

(c) Systems serving additional patient beds are optional.

(5) Emergency Electrical Service.

(a) An on-site emergency generator shall be provided.

(b) The following services shall be connected to the emergency generator:

(i) life safety branch, as defined in section 517-32 of the National Electric Code NFPA 70;

(ii) critical branch, as defined in 517-33 of the National Electrical Code NFPA 70;

(iii) equipment system, as defined in section 517-34 of the National Electric Code NFPA 70;

(i~~ii~~)v) telephone;

(f~~i~~)v) nurse call;

(vi) heating equipment necessary to provide adequate heated space to house all patients under emergency conditions;

(vii) one duplex convenience outlet in each patient room;

(viii) one duplex convenience outlet at each nurse station;

~~(viii)~~ix) duplex convenience outlets in the emergency heated area at a ratio of one for each ten patients.

##### **R432-9-5. General Construction, Patient Facilities.**

(1) The requirements of R432-4-24 and the requirements of Section 10 Rehabilitation Facilities and Appendix A of Guidelines for Design and~~[the]~~ Construction ~~[and Equipment]~~ of Hospital[s] and ~~[Medical]~~Health Care Facilities (Guidelines) shall be met except as modified in this rule. Where a modification is cited, the modification supersedes conflicting requirements of R432-4-24 and the Guidelines.

(2) Vocational Services Unit, Guidelines section 10.5 is modified to allow psychological services, social services, and vocational services to share the same office space when the licensee provides evidence in the functional program that the needs of the population served are met in the proposed space arrangement.

(3) Nursing Unit, Section 10.15 is modified as follows:

(a) Fixtures in patient rooms shall be wheelchair accessible.

(b) Patient rooms shall contain space for wheelchair storage separate from normal traffic flow areas.

(c) Toilet room doors shall swing out from the toilet room or shall be double acting.

(d) Patient rooms shall provide each patient a wardrobe, closet, or locker, having minimum clear dimensions of 22 inches by 36 inches, suitable for hanging full-length garments. A clothes rod and adjustable shelf shall be provided.

(4) A clean workroom or clean holding room shall be provided for preparing patient care items which shall contain a counter, handwashing facilities, and storage facilities. The work counter and handwashing facilities may be omitted in rooms used only for storage and holding, as part of a larger system for distribution of clean and sterile supply materials.

(5) A soiled workroom shall be provided containing a clinical sink, a sink equipped for handwashing, a work counter, waste receptacles, and a linen receptacle. The work counter and handwashing facilities may be omitted in rooms used only for storage and holding.

(6) In addition to Guideline Section 10.15.B11, the medicine preparation room or unit shall be under visual control of the nursing staff and have the following:

- (a) a minimum area of 50 square feet,
- (b) a locking mechanism to prohibit unauthorized access.

(7) Each nursing unit shall have equipment to provide ice for patient treatment and nourishment.

(a) Ice-making equipment may be located in the clean workroom or at the nourishment station if access is controlled by staff.

(b) Ice intended for human consumption shall be dispensed by self-dispensing ice makers.

(8) Yard equipment and supply storage areas shall be located so that equipment may be moved directly to the exterior without passing through building rooms or corridors.

**R432-9-6. Exclusions from the Guidelines.**

The following sections of the Guidelines do not apply:

- (1) Waste Processing Services, Subsection 10.11C.
- (2) Linen service, Section 10.12.
- (3) Patient Rooms section 10.15A.7.

**R432-9-7. Penalties.**

Any person who violates any provision of this rule may be subject to the penalties enumerated in 26-21-11 and R432-3-6 or be assessed a civil money penalty not to exceed the sum of \$5,000 or be punished for violation of a class B misdemeanor for the first violation and for any subsequent similar violation within two years for violation of a class A misdemeanor as provided in 26-23-6.

**KEY: health facilities**  
**[March 3, 1995]1999**

26-21-5  
26-21-2.1  
26-21-20



# Health, Health Systems Improvement, Health Facility Licensure **R432-10** Specialty Hospital - Chronic Disease Construction Rule

## NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 22370

FILED: 09/09/1999, 12:10

RECEIVED BY: NL

### RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This filing includes amendments to the current rule resulting from comments and suggestions received during committee review to update referenced codes and guidelines, correct errors, and modify some requirements based on current experience and needs.

SUMMARY OF THE RULE OR CHANGE: The proposed modifications include adoption of the current edition of the "Guidelines for Design and Construction of Hospital and Health Care Facilities." Other modifications, such as Americans with Disabilities Act (ADA) compliant toilet rooms and use of evaporative coolers are included to clarify intent and provide for patient comfort and safety. The "Penalties" paragraph has been added as required by the Rulemaking Act.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 21

THIS RULE OR CHANGE INCORPORATES BY REFERENCE THE FOLLOWING MATERIAL: "Guidelines for Design and Construction of Hospital and Health Care Facilities," 1996-1997 edition.

#### ANTICIPATED COST OR SAVINGS TO:

❖THE STATE BUDGET: Limited cost to the state budget will include printing the modified rule and distribution to providers.

❖LOCAL GOVERNMENTS: No anticipated cost or savings as enforcement of this rule does not apply to local governments.

❖OTHER PERSONS: The latest edition of the "Guidelines," adopted by this rule modification, includes the requirement for a larger elevator. This requirement has been modified to a smaller elevator by this rule and will result in a cost reduction of approximately \$7,000 per elevator. Other changes will not affect costs. The Bureau does not believe that a chronic disease hospital will be built within the next five years.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The Bureau does not believe that a chronic disease hospital will be built in the near future. Therefore, no compliance costs are anticipated as a result of the modifications to this rule.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Update rule to adopt current version of standard for construction will impose minor costs due to the increased size for an elevator. Standards for ADA toilets and evaporative coolers are also added. The Department believes that regulated agencies prefer the standardization, but will review the need for this requirement based on public comments that may be received--Rod Betit

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Health  
Health Systems Improvement,  
Health Facility Licensure  
Cannon Health Building  
288 North 1460 West  
PO Box 142003  
Salt Lake City, UT 84114-2003, or  
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

Debra Wynkoop-Green at the above address, by phone at (801) 538-6152, by FAX at (801) 538-6325, or by Internet E-mail at dwynkoop@doh.state.ut.us.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Rod L. Betit, Executive Director

**R432. Health, Health Systems Improvement, Health Facility Licensure.**

**R432-10. Specialty Hospital - Chronic Disease Construction Rule.**

**R432-10-1. Legal Authority.**

This rule is adopted pursuant to Title 26, Chapter 21.

**R432-10-2. Purpose.**

The purpose of this rule is to establish construction standards for hospitals that provide services for the diagnosis, treatment or care of persons needing medical services and care in excess of services usually provided in a general acute hospital or skilled nursing home for chronic or long-term illness, injury or infirmity.

**R432-10-3. General Design Requirements.**

(1) Refer to R432-4-1 through R432-4-2[2]3.

(2) All fixtures in public and resident toilet and bathrooms shall be wheelchair accessible with wheelchair turning space within the room.

**R432-10-4. General Construction, Patient Facilities.**

(1) The requirements of R432-4-24 and the requirements of Sections 7 and 8 including Appendix A, of the Guidelines for [the] Design and Construction [and Equipment] of Hospital and [Medical] Health Care Facilities 199[2]6-19[33]97 edition

(Guidelines) shall be met. Where a modification is cited, the modification supersedes conflicting requirements of the Guidelines.

(2) ~~[Nursing Unit.]~~The maximum number of beds on each nursing unit shall be 60.

(a) The minimum number of beds in a nursing unit shall be four.

(b) Rooms and spaces comprising the nursing unit shall be contiguous.

(3) ~~[Patient Rooms.]~~At least two single-bed rooms, with a private toilet room containing a toilet, lavatory, and bathing facility, shall be provided for each nursing unit.

(a) The minimum patient room area shall be 120 feet.

(b) In addition to the lavatory in the toilet room, in new construction a lavatory or handwashing sink shall be provided in the patient room.

(c) Ventilation shall be in accordance with Table 6 of Guidelines with all air exhausted to the outside.

(4) ~~[Nurses' Station.]~~The nurses' station shall have handwashing facilities located near the nurses' station and the drug distribution station. The nurses' toilet room, located in the unit, may also serve as a public toilet room.

(5) ~~[Nurse call system:~~

~~—(a)—~~A nurse call system is not required in facilities that care for developmentally disabled or mentally retarded persons.[

~~—(b)]~~ With the prior approval of the Department, facilities which serve patients who pose a danger to themselves or others may modify the system to alleviate hazards to patients.

(6) Patient rooms shall include a wardrobe, closet, or locker having minimum clear dimensions of 22 inches deep by 36 inches wide, suitable for hanging full length garments.

(7) A clean workroom or clean holding room with a minimum area of 80 square feet for preparing patient care items which shall contain a counter, handwashing facilities, and storage facilities.

(a) The work counter and handwashing facilities may be omitted in rooms used only for storage and holding, as part of a larger system for distribution of clean and sterile supply materials.

(b) A soiled workroom with a minimum area of 80 square feet which shall contain a clinical sink, a sink equipped for handwashing, a work counter, waste receptacles and a linen receptacle.

(c) Handwashing sinks and work counters may be omitted in rooms used only for temporary holding of soiled, bagged materials.

(8) If a medication dispensing unit is used it shall be under visual control of staff, including double locked storage for controlled drugs.

(9) Clean Linen Storage.

(a) If a closed cart system is used it shall be stored in a room with a self closing door.

(b) Storage of a closed cart in an alcove in a corridor is prohibited.

(10) Each nursing unit shall have equipment to provide ice for patient treatment and nourishment.

(a) Ice making equipment may be located in the clean workroom or at the nourishment station if access is controlled by staff.

(b) Ice intended for human consumption shall be dispensed by self-dispensing ice makers.

(11) At least one room for toilet training, accessible from the nursing corridor, shall be provided on each floor containing a nursing unit.

(a) ~~[A minimum clearance of three feet shall be provided at the front and at each side of the toilet and a lavatory shall be provided in this room]~~ All fixtures in this room shall comply with the Americans with Disabilities Act Accessibility Guidelines.

(b) A toilet room, with direct access from the bathing area, shall be provided at each central bathing area.

(c) ~~Doors to toilet rooms shall have a minimum width of 34 inches to admit a wheelchair~~ comply with ADAAG. The doors shall permit access from the outside in case of an emergency.

(d) A handwashing fixture shall be provided for each toilet in each toilet room.

(12) Storage. There shall be an equipment storage room with a minimum area of 120 square feet for portable storage.

(13) Resident Support Areas Shall Include the Following:[-]

(a) Occupational Therapy may be counted in the required space of Guidelines section 8.3, Resident Support Area.

(b) Physical Therapy, personal care room and public waiting lobbies may not be included in the calculation of space of Guidelines section 8.3, Resident Support Area.

(c) Storage space for recreation equipment and supplies shall be provided and secured for safety.

(d) There shall be a general purpose room with a minimum area of 100 square feet equipped with table, and comfortable chairs.

(e) A minimum area of ten square feet per bed shall be provided for outdoor recreation. ~~[This space shall be in addition to the setbacks on the street frontages required by local zoning ordinances.]~~ Recreation areas shall be enclosed by a secure fence.

(14) An examination and treatment Room shall be provided except when all patient rooms are single-bed rooms.

(a) The examination and treatment room may be shared by multiple nursing units.

(b) The room shall have a minimum floor area of 100 square feet, excluding space for vestibules, toilet, closets, and work counters, whether fixed or movable.

(c) The minimum allowable room dimension shall be ten feet.

(d) The room shall contain a lavatory or sink equipped for handwashing; work counter; storage facilities; and desk, counter, or shelf space for writing.

(15) ~~[Evaluation, Counseling, and Training Spaces.]~~ [An evaluation] room ~~[shall be arranged to permit appropriate evaluation of patient needs and progress]~~ shall be provided.

(a) The room shall include a desk and work area for the evaluators, writing and work space for patients, and storage for supplies.

(b) If psychological services are provided, then the unit shall contain an office and work space for testing, evaluation, and counseling.

(c) If social services are provided, then the unit shall contain office space for private interviewing and counseling.

(d) If vocational services are provided, then the unit shall contain office and work space for vocational training, counseling, and placement.

(e) Evaluation, psychological services, social services, and vocational services may share the same office space when the owner provides evidence in the functional program that the needs of the population served are met in the proposed space arrangement.

(16) Pediatric and Adolescent Unit.

(a) Pediatric and adolescent nursing units shall comply with the spatial standards in section 7.5 of the Guidelines.

(b) There shall be an area for hygiene, toileting, sleeping, and personal care for parents if the program allows parents to remain with young children.

(c) Service areas in the pediatric and adolescent nursing unit shall conform to the standards of section 7.5.F. of the Guidelines and the following:

(i) Multipurpose or individual rooms shall be provided in the nursing unit for dining, education, and recreation.

(ii) A minimum of 20 square feet per bed shall be provided.

(iii) Installation, isolation and structural provisions shall minimize the transmission of impact noise through the floor, walls, or ceiling of multipurpose rooms.

(iv) Service rooms may be shared by more than one pediatric or adolescent nursing unit, but may not be shared with adult patient units.

(v) A patient toilet room, in addition to those serving bed areas, shall be conveniently located to each multipurpose room and to each central bathing facility.

(vi) Storage closets or cabinets for toys, educational, and recreational equipment shall be provided.

~~(e)d~~ At least one single-bed isolation room shall be provided in each pediatric unit. Each isolation room shall comply with the following:

(i) Room entry shall be through an adjacent work area which provides for aseptic control, including facilities separate from patient areas for handwashing, gowning, and storage of clean and soiled materials. The work area entry may be a separate, enclosed anteroom.

(ii) A separate, enclosed anteroom for an isolation room is not required but, when provided, shall include a viewing panel for staff observation of the patient from the anteroom.

(iii) One ~~separate~~ anteroom may serve several isolation rooms.

(iv) Toilet, bathing, and handwashing facilities shall be arranged to permit access from the bed area without entering or passing through the work area of the vestibule or anteroom.

~~(f8)17~~ Rehabilitation therapy, Physical Therapy and Occupational Therapy areas shall include:

(a) Waiting areas to accommodate patients in wheelchairs, including room for turning wheelchairs.

(b) Storage space, with separate storage rooms for clean and soiled linen.

#### **R432-10-5. General Construction** ~~[Ancillary Support Facilities].~~

(1) Yard equipment and supply storage areas shall be located so that equipment may be moved directly to the exterior without passing through building rooms or corridors.

(2) Grab bars and handrails shall comply with ADAAG and shall be installed in all toilet rooms.

(a) Handrails shall be provided on both sides of corridors used by patients.

(b) The top of the rail shall be 32 inches above the floor, except for special care areas.

(c) Ends of the handrails and grab bars shall be constructed to prevent persons from snagging their clothes.

(3) Sound control shall be maintained as referred to in Table 1 in R432-5-1[0]2([7]5).

(4) Cubicle curtains and draperies shall be affixed to permanently mounted tracks or rods. Portable curtains or visual barriers may not be used.

(5) Signs. The following signs shall comply with ANSI A117.1 and be located in corridors:

- (a) general circulation direction signs in corridors.
- (b) identification sign or number at each door.
- (c) emergency evacuation directional signs.

#### **R432-10-6. Construction Features.**

[1] Elevators shall meet the requirements of ASME Elevator and Escalator A17-1, 1993 edition, and ADAAG in addition:

~~—(a) An intercom connected with a 24-hour staffed position shall be installed in each elevator.~~

~~—(b) When two or more licensed health care facilities share a physical plant, elevators may be shared if all requirements of R432-4-23(18) are met.~~

~~—(c) The owner shall ensure that elevator inspections and tests required by state and local agencies are completed and shall retain, in the facility, written certification that the installation meets applicable requirements.~~

] (2)1] ~~[In addition to section 8.11.A6 of the Guidelines, m]~~ Mechanical tests shall be conducted prior to the final Department construction inspection. Written test results shall be retained in facility maintenance files and available for Department review.

(3)2] Any insulation containing any asbestos is prohibited.

(4)3] ~~[Heating and Cooling systems.]~~ The heating system shall be capable of maintaining temperatures of 80 degrees F. in areas occupied by patients.

(a) The cooling system shall be capable of maintaining temperatures of 72 degrees F. in areas occupied by patients.

(b) Furnace and boiler rooms shall be provided with sufficient outdoor air to maintain equipment combustion rates and to limit work station temperatures to a temperature not to exceed 90 degrees F. When ambient outside air temperature is higher, maximum temperature may be 97 degrees F.

(c) A relative humidity between 30 percent and 60 percent shall be provided in all patient areas.

(d) Evaporative coolers may only be used in kitchen hood systems that provide 100% outside air~~[not be used]~~.

(e) Isolation rooms may be ventilated by reheat induction units in which only the primary air supplied from a central system passes through the reheat unit. No air from the isolation room may be recirculated into the building system.

(f) Supply and return systems shall be ducted. Common returns using corridors or attic spaces as return plenums are prohibited.

(g) The bottom of ventilation supply and return opening shall be at least three inches above the floor.

(5)4] Filtration shall be provided when mechanically circulated outside air is used see section 8.[+3]1.D[+4]5, of the Guidelines. All areas for inpatient care, treatment, or diagnosis, and those areas providing direct service or clean supplies shall have a minimum of one filter bed with an efficiency of 80.

(6)5] Fans and dampers shall be interconnected so that activation of dampers will automatically shut down fans.

(a) Smoke dampers shall be equipped with remote control reset devices.

(b) Manual reopening is permitted where dampers are located for convenient access.

(7)6] All hoods over cooking ranges shall be equipped with grease filters, fire extinguishing systems, and heat actuated fan controls. Cleanout openings shall be provided every 20 feet in horizontal sections of the duct systems serving these hoods.

~~[(8) Air from contamination or odor problems, such as toilet areas, clinical sinks, smoking rooms, isolation rooms, soiled linen rooms and janitors closets, shall be exhausted to the outside and not recirculated to other areas.~~

] (9)7] Gravity exhaust may be used, where conditions permit, for boiler rooms, central storage, and other non-patient areas.

(10)8] Handwashing facilities shall comply with section 8.11.E1 of the Guidelines and include the following:

(a) Handwashing facilities shall be arranged to provide sufficient clearance for single-lever operating handles.

(b) Handwashing facilities shall be installed to permit use by persons in wheelchairs.

(c) Fixtures in patient use areas shall be equipped with cross or tee handles or single lever operating handles.

(11)9] Dishwashers, disposers and appliances shall be National Sanitation Foundation, NSF, approved and have the NSF seal affixed.

(12)0] Kitchen grease traps shall be located and arranged to permit easy access without the need to enter the food preparation or storage area.

(13)1] Hot water systems. Hot water provided in patient tubs, showers, whirlpools, and handwashing facilities shall be regulated by thermostatically controlled automatic mixing valves. Mixing valves may be installed on the recirculating system or on individual inlets to appliances.

(14)2] Drainage Systems. Building sewers shall discharge into community sewerage except, where such a system is not available, the facility shall treat its sewage in accordance with local requirements and Department of Environmental Quality requirements.

(15)3] Piping and Valve systems. All piping and valves in all systems, except control line tubing, shall be labeled to show content of line and direction of flow. Labels shall be permanent type, either metal or paint, and shall be clearly visible to maintenance personnel.

(16)4] ~~[Medical gas]~~ oxygen and suction systems shall be installed in accordance with the requirements of section 7.31.E5 ~~[and Table 5]~~ of the Guidelines and Table 1 of R432-4.

(17)5] Electric materials shall be new and listed as complying with standards of Underwriters Laboratories, Inc., or other equivalent nationally recognized standards. The owner shall provide written certification to the Department verifying that systems and grounding comply with NFPA 99 and NFPA 70.

(18)6] ~~[Lighting.]~~ Approaches to buildings and all spaces within buildings occupied by people, machinery, or equipment shall have fixtures for lighting in accordance with at least the mid range requirements shown in Tables 1A and 1B of Illuminating Engineering Society of North America IESNA, publication ~~[EP29]~~ RP-29-95, Lighting for Health Care Facilities, 19[8]95 edition.]



(a) Parking lots shall have fixtures for lighting to provide light levels as recommended in IES Lighting Handbook, 1987, Volume 2 Applications, by the Illuminating Engineering Society of North America.

(b) Automatic Emergency lighting shall be provided in accordance with NFPA 99 and NFPA 101.

(1) Receptacles shall comply with section 8.12.A of the Guidelines and shall include:

(a) Each examination and work table shall have access to minimum of two duplex outlets.

(b) Receptacle cover plates on electrical receptacles supplied for the emergency system shall be red.

(2) Emergency Electrical Service shall comply with section 8.12B of the Guidelines and shall include:

(a) An on-site emergency generator shall be provided.

(b) The following services shall be connected to the emergency generator:

(i) life safety branch, as defined in section 517-32 of the National Electric Code NFPA 70;

(ii) critical branch as defined in 517-33 of the National Electric Code NFPA 70;

(iii) equipment system, as defined in 517-34 of the National Electric Code NFPA 70;

(iv) telephone;

(v) nurse call;

(vi) heating equipment necessary to provide adequate heated space to house all patients under emergency conditions;

(vii) one duplex convenience outlet in each patient room;

(viii) one duplex convenience outlet at each nurse station;

(ix) duplex convenience outlets in the emergency heated area at a ratio of one for each ten patients.

(c) fuel storage capacity shall permit continuous operation for 48 hours.

**R432-10-7. Excluded Section of the Guidelines.**

The following sections of the Guidelines do not apply:

- (1) Parking, Section 7.1.D.
- (2) Nursing Unit, Section 7.2.
- (3) Critical Care Unit, Section 7.3.
- (4) Newborn Nurseries, Section 7.4.
- (5) Psychiatric Nursing Unit, Section 7.6.
- (6) Surgical Suite, Section 7.7.
- (7) Obstetrical Facilities, Section 7.8.
- (8) Emergency Services, Section 7.9.
- (9) Imaging Suite, Section 7.10.
- (10) Nuclear Medicine, Section 7.11.
- (11) Rehabilitation Therapy, Section 7.13.
- (12) Respiratory Therapy, Section 7.14.
- (13) Morgue, Section 7.15.

~~(14) Waste storage and Disposal, Section 7.27.~~

(1) Linen Services, Section 7.23.

(6) Parking, Section 8.1.F.

(7) Linen Services, Section 8.11.

~~(18) Waste Storage and Disposal, Section 8.7.~~

(1) Mechanical Standards, Section 8.31.

(2) Electrical Standards, Section 8.32.

(2) ~~For~~ Bathing facilities, Section 8.11.

(2) Clean utility rooms, Section 8.2.C5.

(2) Soiled Utility rooms, Section 8.2.C6.

(2) Windows, Section 8.2.B3.

**R432-10-8. Penalties.**

Any person who violates any provision of this rule may be subject to the penalties enumerated in 26-21-11 and R432-3-6 or be assessed a civil money penalty not to exceed the sum of \$5,000 or be punished for violation of a class B misdemeanor for the first violation and for any subsequent similar violation within two years for violation of a class A misdemeanor as provided in 26-23-6.

**KEY: health facilities**

~~March 3, 1995~~ 1999

26-21-5

26-21-2.1

26-21-20



Health, Health Systems Improvement,  
Health Facility Licensure  
**R432-11**  
Orthopedic Hospital Construction

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 22371

FILED: 09/09/1999, 12:10

RECEIVED BY: NL

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This filing includes amendments to the current rule resulting from comments and suggestions received during committee review to update referenced codes and guidelines, correct errors, and modify some requirements based on current experience and needs.

SUMMARY OF THE RULE OR CHANGE: The proposed modifications include adoption of the current edition of the "Guidelines for Design and Construction of Hospital and Health Care Facilities." The "Penalties" paragraph has been added as required by the Rulemaking Act.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 21

ANTICIPATED COST OR SAVINGS TO:

❖THE STATE BUDGET: Costs to distribute copies of the amended rules to two currently licensed facilities will be minimal. Modifications to the rule are minimal and include clarification and reference updates. The Bureau does not believe that an orthopedic hospital will be built within the next five years.

❖LOCAL GOVERNMENTS: No anticipated cost as enforcement of this rule does not apply to local governments.

❖OTHER PERSONS: The latest edition of the "Guidelines," adopted by this rule modification, includes the requirement for a larger elevator. This requirement has been modified to

a smaller elevator by this rule and will result in a cost reduction of approximately \$7,000 per elevator. No other changes will result in a cost change. The Bureau does not believe that an orthopedic hospital will be built within the next five years.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The Bureau does not believe that an orthopedic hospital will be built in the next five years. Therefore, no compliance costs are anticipated as a result of the modifications to this rule.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Update to rule to adopt current version of standard for construction will impose minor costs due to the increase size for an elevator. The Department believes that regulated agencies prefer the standardization, but will review the need for this requirement based on public comments that may be received--Rod Betit

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Health  
Health Systems Improvement,  
Health Facility Licensure  
Cannon Health Building  
288 North 1460 West  
PO Box 142003  
Salt Lake City, UT 84114-2003, or  
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

Debra Wynkoop-Green at the above address, by phone at (801) 538-6152, by FAX at (801) 538-6325, or by Internet E-mail at [dwynkoop@doh.state.ut.us](mailto:dwynkoop@doh.state.ut.us).

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Rod L. Betit, Executive Director

**R432. Health, Health Systems Improvement, Health Facility Licensure.**

**R432-11. Orthopedic Hospital Construction.**

**R432-11-1. Legal Authority.**

This rule is adopted pursuant to Title 26, Chapter 21.

**R432-11-2. Purpose.**

The purpose of this rule is to establish construction standards for a specialty hospital for orthopedic services.

**R432-11-3. General Design Requirements.**

(1) See R432-4-1 through R432-4-22.

(2) All fixtures in resident toilet and bathrooms shall be wheelchair accessible with wheelchair turning space within the room.

**R432-11-4. General Construction[ ~~Ancillary Support Facilities~~].**

See R432-4-23 with the following modifications:

(1) [~~Corridors.~~]Corridors in patient use areas shall be a minimum eight feet wide.

(2) [~~Handrails.~~]Handrails shall be provided on both sides of corridors and hallways used by patients and meet the [~~ADAAG~~]Americans with Disabilities Act Accessibility Guidelines requirements. The top of the rail shall be 3[~~2~~]4 inches above the floor except for areas serving children and other special care areas.

(3) Plumbing, including medical gas and suction systems are required.

(4) An emergency electrical service is required. An on-site emergency generator shall be provided and the following services shall be connected to the emergency generator:

(a) life safety branch, as defined in section 517-32 of the National Electric Code NFPA 70, which is adopted and incorporated by reference;

(b) critical branch as defined in 517-33 of the National Electric Code NFPA 70, which is adopted and incorporated by reference;

(c) equipment system, as defined in 517-34 of the National Electric Code NFPA 70, which is adopted and incorporated by reference;

(d) telephone;

(e) nurse call;

(f) heating equipment necessary to provide adequate heated space to house all patients under emergency conditions;

(g) one duplex convenience outlet in each patient room;

(h) one duplex convenience outlet at each nurse station;

(i) duplex convenience outlets in the emergency heated area at a ratio of one for each ten patients;

(j) fuel storage capacity shall permit continuous operation for at least 48 hours.

(5) If installed, fixed and mobile X-ray equipment shall comply with Articles 517 and 660 of NFPA 70, which is adopted and incorporated by reference.

**R432-11-5. General Construction. Patient Service Facilities.**

(1) Requirements of R432-4-24 and the requirements of Section 7 including Appendix A of Guidelines for Design and Construction [and Equipment] of Hospital and [~~Medical~~]Health Care Facilities, 199[~~2~~]6-199[~~3~~]7 edition (Guidelines) shall be met. Where a modification is cited, the modification supersedes conflicting requirements of the Guidelines.

(2) Nursing Units shall meet the following:

(a) At least two single-bed rooms, with private toilet rooms, shall be provided for each nursing unit.

(b) Minimum room areas exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules, shall be 140 square feet in single-bed rooms and 125 square feet per bed in multiple-bed rooms. The listed areas are minimum and do not prohibit larger rooms.

(3) Imaging Suites. Imaging facilities for diagnostic procedures, include the following: radiology, mammography, computerized scanning, ultrasound and other imaging techniques.

(a) Imaging facilities may be provided within the facility or through contractual arrangement with a qualified radiology service or nearby hospital.

(b) If imaging facilities are provided in-house, they shall meet the requirements for an imaging suite defined in Guidelines for Design and Construction [and Equipment] of Hospital and Medical Health Care Facilities, section 7.10.

(4) Laboratory Services.

(a) Laboratory space and equipment shall be provided in-house for testing blood counts, urinalysis, blood glucose, electrolytes, blood urea nitrogen (BUN), and for the collection, processing, and storage of specimens.

(b) In lieu of providing laboratory services in-house, contractual arrangements with a Department-approved laboratory shall be provided. Even when contractual services are arranged, the facility shall maintain space and equipment to perform the tests listed in R432-105-5(7)(a).

(5) Pharmacy Guidelines.

(a) The size and type of services provided in the pharmacy shall depend on the drug distribution system chosen and whether the facility proposes to provide, purchase, or share pharmacy services. A description of pharmacy services shall be provided in the functional program.

(b) There shall be a pharmacy room or suite, under the direct control of staff, which is located for convenient access and equipped with appropriate security features for controlled access.

(c) The room shall contain facilities for the dispensing, basic manufacturing, storage and administration of medications, and for handwashing.

(d) In lieu of providing pharmacy services in-house, contractual arrangements with a licensed pharmacy shall be provided. If contractual services are arranged, the facility shall maintain space and basic pharmacy equipment to prepare and dispense necessary medications in back-up or emergency situations.

(e) If additional pharmacy services are provided, facilities shall comply with requirements of Guidelines section 7.1[6].

(6) Linen Services shall comply with R432-4-24(3).

(7) Patient bathing facilities shall be provided in each nursing unit at a ratio of one bathing facility for each eight beds not otherwise served by bathing facilities within individual patient rooms.

(a) Each bathtub or shower shall be in an individual room or enclosure adequately sized to allow staff assistance and designed to provide privacy during bathing, drying, and dressing.

(b) Showers in central bathing facilities shall have a floor area of at least four feet square, be curb free, and be designed for use by a wheelchair patient in accordance with ADAAG.

(c) At least one island-type bathtub shall be provided in each nursing unit.

(8) Toilet Facilities. A toilet room, with direct access from the bathing area shall be provided at each central bathing area.

(a) Doors to toilet rooms shall ~~have a minimum width of 34 inches to admit a wheelchair~~ comply with ADAAG. The doors shall permit access from the outside in case of an emergency.

(b) A handwashing fixture shall be provided for each toilet in each toilet room.

(c) Fixtures shall be wheelchair accessible.

(9) Patient Day Spaces.

(a) The facility shall include a minimum total inpatient space for dining, recreation, and day use computed on the basis of 30 square feet per bed for the first 100 beds and 27 square feet per bed for all beds in excess of 100.

(b) In addition to the required space defined for inpatients, the facility shall include a minimum of 200 square feet for outpatient and visitors when dining is part of a day care program. If dining is not part of a day care program, the facility shall provide a minimum of 100 square feet of additional outpatient day space.

(c) Enclosed storage space for recreation equipment and supplies shall be provided in addition to the requirements of R432-105-4.

(10) Examination and Treatment Room. An examination and treatment room shall be provided except when all patient rooms are single-bed rooms.

(a) An examination and treatment room may be shared by multiple nursing units.

(b) When provided, the room shall have a minimum floor area of 120 square feet, excluding space for vestibules, toilet, closets, and work counters, whether fixed or movable.

(c) The minimum floor dimension shall be ten feet.

(d) The room shall contain a lavatory or sink equipped for handwashing, work counter, storage facilities, and a desk, counter, or shelf space for writing.

(11) Consultation Room. A consultation room, arranged to permit an evaluation of patient needs and progress, shall be provided. The room shall include a desk and work area for the evaluators, writing and work space for patients, and storage for supplies.

(1[5]2) Surgical Unit. If surgical services are offered, facilities shall be provided in accordance with the Guidelines.

**R432-11-6. Excluded Guideline Sections.**

The following sections of the Guidelines do not apply:

- (1) Parking, section 7.1.D.
- (2) Critical Care Unit, Section 7.3.
- (3) Newborn Nurseries, Section 7.4.
- (4) Psychiatric Nursing Unit, Section 7.6.
- (5) Obstetrical Facilities, Section 7.8.
- (6) Emergency Services, Section 7.9.
- (7) Nuclear Medicine, Section 7.11.
- (8) Morgue, Section 7.1[5]6.
- (9) Linen Services, Section 7.2[2]3.[
- ~~(10) Waste Processing Services, Section 7.27.]~~

**R432-11-7. Penalties.**

Any person who violates any provision of this rule may be subject to the penalties enumerated in 26-21-11 and R432-3-6 or be assessed a civil money penalty not to exceed the sum of \$5,000 or be punished for violation of a class B misdemeanor for the first violation and for any subsequent similar violation within two years for violation of a class A misdemeanor as provided in 26-23-6.

**KEY: health facilities**

**[March 3, 1995]1999** 26-21-5  
26-21-2.1  
26-21-20



Health, Health Systems Improvement,  
Health Facility Licensure

**R432-12**

Small Health Care Facility (Four to Sixteen Beds) Construction Rule

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 22372

FILED: 09/09/1999, 12:10

RECEIVED BY: NL

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** This filing includes amendments to the current rule resulting from comments and suggestions received during committee review to update referenced codes and guidelines, correct errors, and modify some requirements based on current experience and needs.

**SUMMARY OF THE RULE OR CHANGE:** The proposed modifications include clarification of wardrobe space. Requirements for nurse call systems are modified. Requirements for handrails are clarified. Emergency power systems requirements are clarified. The "Penalties" paragraph has been added as required by the Rulemaking Act.

**STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 26, Chapter 21

**THIS RULE OR CHANGE INCORPORATES BY REFERENCE THE FOLLOWING MATERIAL:** A) National Fire Protection Association Life Safety Code, NFPA 101, Chapters 5 and 12, 1997 edition; B) National Electric Code, NFPA 70, 1999 edition.

**ANTICIPATED COST OR SAVINGS TO:**

❖**THE STATE BUDGET:** Limited cost to the state budget will include printing the modified rule and distribution to providers.

❖**LOCAL GOVERNMENTS:** No anticipated cost as enforcement of this rule does not apply to local governments.

❖**OTHER PERSONS:** The Bureau does not believe there will be any additional compliance cost or savings as a result of the proposed modifications. Modifications eliminate redundancy and clarify intent. No construction modifications are included in the rule changes.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** The Bureau does not believe there will be any additional compliance cost or savings as a result of the proposed modifications. Modifications eliminate redundancy and clarify intent. No construction modifications are included in the rule changes.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** Although requirements for a nurse call system are modified and others clarified, no additional costs should be imposed on businesses. The Department believes that regulated agencies will prefer these

changes, but will review the need for this requirement based on public comments that may be received--Rod Betit

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Health  
Health Systems Improvement,  
Health Facility Licensure  
Cannon Health Building  
288 North 1460 West  
PO Box 142003  
Salt Lake City, UT 84114-2003, or  
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

Debra Wynkoop-Green at the above address, by phone at (801) 538-6152, by FAX at (801) 538-6325, or by Internet E-mail at dwynkoop@doh.state.ut.us.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Rod L. Betit, Executive Director

**R432. Health, Health Systems Improvement, Health Facility Licensure.**

**R432-12. Small Health Care Facility (Four to Sixteen Beds) Construction Rule.**

**R432-12-1. Legal Authority.**

This rule is adopted pursuant to Title 26, Chapter 21.

**R432-12-2. Purpose.**

This rule defines construction standards for small health care facilities which are categorized as Level I, Level II, Level III, or Level IV according to the resident's ability or capability to exit a building unassisted in an emergency.

**R432-12-3. General Design Requirements.**

Refer to R432-4-1 through R432-4-23.

**R432-12-4. General Construction Requirements.**

(1) Table [F] identifies the levels of care and construction requirements which apply.

TABLE 1  
LEVELS OF CARE AND CONSTRUCTION REQUIREMENTS SUMMARY

	LEVEL I	LEVEL II	LEVEL III	LEVEL IV
No. residents	1 plus	4-16	4-16	6-16
Types of Facilities	SNF ICF ICF/MR (17 plus) Mental Health Facility	ICF/MR Home for Aging Social Rehab. Health	ICF/MR Correction Home Mental Health Facility	ICF/MR Mental Health Home for Aging

	(17 plus)	Care Nursing Mental Health Facility	Social Rehab.	
Staff Availability or Coverage	24 hours/day	24 hours/day	24 hours/day	24 hours/day
Licensed Nursing Hours	16-24	0-16	0-16	0-16
Type of Service				
medical nursing	yes	yes	yes	yes
dietary	yes	yes	yes	yes
social svc	yes	yes	as required	as required
phy therapy	yes	as required	as required	as required
rec therapy	yes	as required	as required	as required
other therapy	yes	as required	as required	as required
Resident Capable of Self Preservation Unassisted	No, they are non ambulatory non-mobile	No, they are non ambulatory non-mobile	Yes, they are ambulatory mobile	Yes, they are ambulatory mobile
Resident Exit Ability in an Emergency	restricted, physical or mental disability and medical condition	restricted, physical or mental disability	restricted, chemical or physical restraints	not restricted
Accessible Rooms	100%	10% or 100% if Physical Rehab.	10%	10%
Construction Requirements code or regulation	NFPA 101 (199[±]Z) 12-1.3[ <del>(+)</del> ]	NFPA 101 (199[±]Z) 12-1.3[ <del>(+)</del> ]	NFPA 101 (199[±]Z) 12-1.3[ <del>(+)</del> ]	Utah Fire Prevention Board Rules R710-3; UBC appendix[ <del>(-)</del> ] Chapter [ <del>(+)</del> ]3
fire rating of const	1 hour	1 hour	1 hour	No requirement
sprinkler	yes	yes	yes	consider res. mobility
smoke detector	yes	yes	yes	yes
manual fire alarm	yes	yes	yes	yes
above 3 systems interconnected	yes	yes	yes	no

corridor	8 feet	[ <del>8</del> ]6 feet	5 feet	As required by UBC
resident room door width	44 inch	44 inch	36 inch	36 inch
nurse call system	yes	yes	[ <del>no</del> ] optional	[ <del>under</del> ]yes certain conditions

- (2) General Requirements.
- (a) Level I facilities shall meet the Nursing Facility Construction standards in R432-5.
- (b) Level II and III facilities shall meet the construction and design requirements identified in this section, unless specifically exempted.
- (c) Level IV facilities shall meet the ~~[Residential Health Care]~~Assisted Living Facility Type I Construction standards in R432-6.
- (d) Level I, II, III and IV facilities shall comply with ~~[ADAAG]~~the Americans with Disabilities Act Accessibility Guidelines.
- (e) Level II and III facilities shall conform to the life safety code requirements of NFPA 101, Chapter 12 as specified in Sections 12.1.3, which is adopted and incorporated by reference~~[-]~~ and 12.1.3 (d), respectively.
- (f) Level IV facilities shall conform to the fire safety provisions of R432-710-3.

.....

**R432-12-6. Resident Rooms.**

- (1) The maximum room capacity shall be two residents. Provisions shall be made for individual privacy.
- (2) There shall be at least 100 square feet for a single-bed room and 160 square feet in shared rooms, exclusive of toilets and closets.
  - (a) Minor encroachments such as columns, lavatories, and door swings may be ignored in determining space requirements if function is not impaired.
  - (b) In a facility licensed prior to 1977, the Department may grant a variance, pursuant to R432-2-~~[+6]~~18, to allow 80 square feet per bed for a single-bed room and 60 square feet per bed for a multiple-bed room.
  - (3) In multiple-bed rooms there shall be enough clearance between beds to allow movement of beds, wheelchairs, and other equipment without disturbing residents.
  - (4) No room commonly used for other purposes shall be used as a sleeping room for any resident. This includes any hall, unfinished attic, garage, storage area, shed, or similar detached building.
  - (5) No bedroom may be used as a passageway to another room, bath, or toilet.
  - (6) Bedrooms shall open directly into a corridor or common living area, but not into a food-preparation area.
  - (7) Bedrooms shall not be located in a basement or on an upper floor unless residents have access to one exit from that level leading directly to the exterior at grade level.

(8) Each bedroom shall be provided with light and ventilation by means of an operable window which opens to the outside or to a court that opens to the sky. Where the window requires the use of tools or keys for operation, such devices shall be stored in a prominent location on each floor convenient for staff use.

(9) Each ~~[bedroom]~~resident shall ~~have~~~~[be equipped with]~~ a wardrobe, closet, or space suitable for hanging clothing and personal belongings with minimum inside dimensions of 22 inches deep by 36 inches wide by 72 inches tall. Space accommodations shall be provided within each resident's room. Facilities serving infants or children may substitute a chest of drawers for the closet.

.....

**R432-12-11. Nurse Call System.**

A nurse call system is required ~~[only]~~in Level I, II and IV facilities. A nurse call system is optional in Level III facilities.

(1) Each resident's room shall be served by at least one calling station and each bed shall be provided with a call button including operating switch and cord from the wall station to each bed.

(2) Two call buttons serving adjacent beds may be served by one calling station.

(3) Calls shall activate a visible signal in the corridor at the resident's door and the control station.

(4) The system shall be designed so that a signal light activated at the resident's station will remain lighted until turned off at the resident's calling station.

(5) A system that provides two-way voice communication shall be equipped at each calling station with an indicator light that remains lit as long as the voice circuit is operating.

.....

~~[R432-12-13. Corridors:~~

~~—(1) In Level II facilities, corridors shall be at least eight feet wide if non-ambulatory residents are accepted; otherwise a minimum of six feet is required.~~

~~—(2) In Level III facilities, corridors shall be at least five feet wide.~~

~~—(3) Where installed, drinking fountains, telephone booths, and vending machines shall be located so as not to restrict corridor traffic or reduce the corridor width below the required minimum.]~~

**R432-12-1[4]3. Doors and Windows.**

(1) Doors to all rooms containing bathtubs, sitz baths, showers and water closets for resident use shall be equipped with hardware which may be secured for privacy yet permit emergency access from the outside without the use of keys.

(2) Each room, including all resident toilet rooms and bathing rooms that may be used by residents, staff, or employees confined to wheelchairs, shall have at least one door with a minimum clear width of 34 inches.

(3) Resident-room doors and exit doors shall be at least 36 inches wide, defined by the width of the door leaf.

(4) Thresholds and expansion-joint covers shall be flush with the floor surface to facilitate use of wheelchairs and carts and to prevent tripping.

(5) Every room intended for 24-hour occupancy shall have a window that opens to the building exterior or to a court that is open to the sky.

(6) Windows and outer doors shall have insect screens.

~~[(7) Doors, sidelights, borrowed lights and windows in which the glazing extends down to within 18 inches above the floor shall be glazed with safety glass, wire glass, or plastic glazing material that is break resistant and will not create dangerous cutting edges when broken. Glazing for shower doors and tub enclosures shall be safety glass or plastic.]~~

**R432-12-1[5]4. Grab Bars and Handrails.**

(1) Grab bars shall meet the requirements of ADAAG.

(2) In Level I and II facilities, there shall be handrails on both sides of all corridors normally used by residents. Handrail profiles shall be graspable in accordance with NFPA 101 Chapter 5, which is adopted and incorporated by reference and the Americans with Disabilities Act Accessibility Guidelines.

(3) Ends shall be returned to the wall or otherwise arranged to minimize potential for injury.

**R432-12-1[6]5. Lavatories and Plumbing Fixtures.**

(1) All lavatories used by residents shall be trimmed with valves, with cross, tee or single lever devices.

(2) Showers and tubs shall have slip-resistant surfaces.

(3) Lavatories shall be securely anchored to withstand a vertical load of not less than 250 pounds on the front of the fixture.

(4) A mirror shall be provided at each handwashing facility except as otherwise noted.

(a) The tops and bottoms of mirrors may be at levels for use by sitting and standing individuals, or additional mirrors may be provided for residents using a wheelchair.

(b) One separate full-length mirror in a single room may serve for wheelchair occupants in that room.

**R432-12-1[7]6. Ceilings.**

(1) Ceiling height in the facility shall be a minimum of eight feet with the following exceptions:

(a) Rooms containing ceiling-mounted equipment shall have adequate height for the proper functioning of that equipment.

(b) Ceilings in corridors, storage rooms, and toilet rooms shall be at least seven feet ten inches.

(c) Building components and suspended tracks, rails and pipes located in the path of normal traffic may not be less than seven feet above the floor.

(2) Where existing conditions make the above impractical, clearances shall be sufficient to avoid injury and at least six feet four inches above the floor.

**R432-12-1[8]7. Heat and Noise Reduction.**

(1) Rooms containing heat producing equipment such as a furnace, heater, washer, or dryer shall be insulated and ventilated to prevent floors of overhead occupied areas and adjacent walls from exceeding a temperature of 10 degrees Fahrenheit (6 degrees C) above the ambient room temperature of such occupied areas.

(2) Recreation rooms, exercise rooms, and similar spaces where impact noises may be generated may not be located directly over resident-bed areas unless special provisions are made to minimize such noise.

(3) Sound transmission limitations shall conform to Table 2.

TABLE 2  
SOUND TRANSMISSION LIMITATIONS  
IN LONG-TERM CARE FACILITIES

	AIRBORNE SOUND TRANSMISSIONS Class (STC)(a)	
	Partitions	Floors
Residents' room to residents' room	35	40
Public space to residents' room(b)	40	40
Service areas to residents' room(c)	45	45

(a) Sound transmission class (STC) shall be determined by tests in accordance with methods set forth in ASTM Standard E 90 and ASTM Standard E 413. Where partitions do not extend to the structure above, sound transmission through ceilings and composite STC performance must be considered.

(b) Public space includes lobbies, dining rooms, recreation rooms, treatment rooms, and similar space.

(c) Service areas include kitchens, elevators, elevator machine rooms, laundries, garages, maintenance rooms, boiler and mechanical equipment rooms, and similar spaces of high noise. Mechanical equipment located on the same floor or above residents' rooms, offices, nurses' stations, and similarly occupied space shall be effectively isolated from the floor.

**[R432-12-19. Insulation Materials.**

~~—(1) The use of asbestos insulation is prohibited in health facilities.~~

~~—(2) Soft or spray insulation may not be used where subject to air or mechanical erosion.~~

~~—(3) There shall be insulation in the building for the following:~~

~~—(a) Furnaces, smoke breaching, and stacks;~~

~~—(b) Chilled water, refrigerant, and other process piping and equipment operating with fluid temperatures below the ambient dew point. Insulation on cold surfaces shall include an exterior vapor barrier;~~

~~—(c) Water supply and drainage piping on which condensation may occur;~~

~~—(d) Air ducts and casings with outside surface temperatures below the ambient dew point or temperatures above 80 degrees F (27 degrees C);~~

~~—(e) Any existing insulation in a facility to be remodeled shall be inspected, repaired, or replaced as appropriate.]~~

**R432-12-[20]18. Floor, Wall, and Ceiling Finishes.**

(1) Floor materials shall be easily cleanable and appropriate for the location.

(a) Floors and floor joints in areas used for food preparation and food assembly shall be water-resistant, grease proof, and resistant to food acids.

(b) In all areas subject to frequent wet cleaning, floor materials may not be physically affected by germicidal cleaning solutions.

(c) Floors that are subject to traffic while wet, (such as shower and bath areas, kitchen and similar work areas), shall have a non-slip surface.

(d) Carpet and carpet pads in resident areas shall be applied with adhesive or stretched taut and maintained without loose edges or wrinkles which might create hazards or interfere with the operation of wheelchairs, walkers, or wheeled carts.

(2) Wall bases in areas subject to wet cleaning shall be covered and tightly sealed.

(3) Wall finishes shall be washable.

(a) Walls in the immediate area of plumbing fixtures shall be smooth and moisture resistant.

(b) Finish, trim, walls, and floor constructions in dietary and food preparation and storage areas may not have spaces that may harbor rodents and insects.

(4) Floor and wall openings for pipes, ducts, and conduits shall be sealed tightly to resist fire and smoke and to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.

(5) All exposed ceilings and ceiling structures in resident and staff work areas shall have finishes that are readily cleanable with ordinary housekeeping equipment. Ceilings in the dietary area and other areas where dust fallout might create a potential problem shall have a finished ceiling that covers all conduits, piping, duct work, and exposed construction systems.

**[R432-12-21. Elevators.**

~~—(1) If the facility provides an elevator, the elevator shall conform to the requirements of ASME Elevator and Escalator A17.1, 1993 edition and ADAAG.~~

~~—(2) The licensee shall ensure that the elevator inspections and tests which are required by the state and local authorities are completed and shall retain in the facility, written certification that the installation meets applicable requirements.]~~

**R432-12-[22]19. Heating and Cooling.**

There shall be adequate and safe heating and cooling equipment to maintain comfortable temperatures in the facility.

(1) The heating system shall be capable of maintaining temperatures of 80 degrees F (27 degrees C) in areas occupied by residents.

(2) The cooling system shall be capable of maintaining temperatures of 72 degrees F (22 degrees C) in areas occupied by residents.

**R432-12-2[3]0. Ventilation.**

(1) All rooms and areas in the facility shall have provision for positive ventilation.

(a) While natural window ventilation for nonsensitive areas and resident rooms may be utilized where weather permits, mechanical ventilation shall be provided for interior areas and during periods of temperature extremes.

(b) Fans serving exhaust systems shall be located at the discharge end and shall be conveniently accessible for service.

(2) Fresh air intakes shall be located as far as possible from exhaust outlets of ventilating systems, combustion equipment stacks, plumbing vents, or from areas which may collect vehicular exhaust or other noxious fumes.

(3) Furnace rooms shall be provided with sufficient outdoor air to maintain equipment combustion rates and to limit work station temperatures to an Effective Temperature of 90 degrees F (32.5 degrees C). When the ambient outside air temperature is higher than 90 degrees F, then the maximum temperature may be 97 degrees F (36 degrees C).

(4) Exhaust hoods in food-preparation centers shall comply with R392, the Utah Department of Health Food Service Sanitation Regulations. All hoods over cooking ranges shall be equipped with grease filters.

(5) Non-resident as well as resident areas where specific requirements are not given shall be ventilated in accordance with ASHRAE Standard 62-1981, "Ventilation for Acceptable Indoor Air Quality Including Requirements for Outside Air."

(6) Air from areas with odor problems, including toilet rooms, baths, soiled linen storage and housekeeping rooms, shall be exhausted to the outside and not recirculated.

(7) In Level II facilities, fans and dampers shall be interconnected so that activation of dampers will automatically shut down all but exhaust fans.

(8) Supply and return systems shall be in duct. Common returns using corridors or attic spaces as plenums are prohibited.

**R432-12-2[4]1. Plumbing and Hot Water Systems.**

(1) Water supply systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods.

(2) Water distribution systems shall be arranged to provide for continuous hot water at each hot water outlet.

(3) Hot water provided to resident tubs, showers, whirlpools, and handwashing facilities shall be regulated by thermostatically controlled automatic-mixing valves at appropriate temperatures for comfortable use within a range of 105 to 115 degrees F. These valves may be installed on the recirculating system or on individual inlets to appliances.

(4) As a minimum, water heating systems shall provide capacity at temperatures and amounts indicated in Table 3, Hot Water Use. Water temperature is taken at the point of use or inlet to the equipment.

TABLE 3  
HOT WATER USE

	Clinical	Dietary(1)	Laundry
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Gallons per Hour per Bed(a)	3	2	2
Temperature (C)(b)	43	49	71(b)
Temperature (F)(b)	105	120	160(b)

(1) Provisions shall be made to provide 180 degree F (82 degree C) rinse water at warewasher (may be by separate booster).

(a) Quantities indicated for design demand of hot water are for general reference minimums and may not substitute for accepted engineering design procedures using actual number and types of fixtures to be installed. Design shall also be affected by temperatures of cold water used for mixing, length of run and insulation relative to heat loss, etc.

(b) Provisions shall be made to provide 160 degree F (71 degree C) hot water at the laundry equipment when needed.

**R432-12-2[5]2. Drainage Systems.**

(1) Drainage piping may not be installed within the ceiling or installed in an exposed location in food preparation centers, food serving facilities, food storage areas, central services, and other sensitive areas. Where overhead drain piping is unavoidable in these areas, as may occur in existing facilities, special provision shall be made to protect the space below from possible leakage, condensation, or dust particles.

(2) Building sewers shall discharge into a community sewerage system. Where such a system is not available, the facility shall treat its sewage in accordance with local and state regulations.

**R432-12-2[6]3. Electrical Systems.**

(1) All electrical materials shall be tested and approved by Underwriters Laboratory.

(2) The electrical installations, including alarm and nurse call system, if required, shall be tested to demonstrate that equipment installation and operation is as intended and appropriate. A written record of performance tests of special electrical systems and equipment shall show compliance with applicable codes.

(3) Switchboards and Power Panels.

(a) The main switchboard shall be located in an area separate from plumbing and mechanical equipment and be accessible only to authorized persons.

(b) The switchboards shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and located in a dry, ventilated space.

(c) Overload protection devices shall operate properly in the ambient room temperatures, except for existing Level IV facilities.

(d) Panelboards serving normal lighting and appliance circuits shall be located on the same floor as the circuits they serve.

(4) Lighting. All spaces within buildings that house people, machinery, equipment, or approaches to buildings shall have fixtures for lighting. (See Table 4.)

(a) Resident rooms shall have general and night lighting.

(i) A reading light shall be provided for each resident.

(ii) Flexible light arms, if used, shall be mechanically controlled to prevent the bulb from coming in contact with bed linen.

(iii) At least one night light fixture shall be controlled at the entrance to each resident room.

(iv) All controls for lighting in resident areas shall operate quietly.

(b) Parking lots shall have fixtures for lighting to provide light at levels in the IES Lighting Handbook, 1987, Volume 2, Applications by the Illuminating Engineering Society of North America.

(c) Lighting levels shown in Table 4 shall be used as minimum standards and do not preclude the use of higher levels that may be needed to insure the health and safety of the specific facility population served.

TABLE 4  
SMALL HEALTH CARE FACILITIES LIGHTING STANDARDS

Physical Plant Area	MINIMUM FOOT-CANDLES	
	Level I, II, III Facilities	Level IV Facilities
Corridors		
Day	20	15
Night	10	10
Exits	20	20
Stairways	20	20
Nursing Station		
General	30	30
Charting	75	75
Med. Prep.	75	75



Pt./Res. Room		
General	10	10
Reading/Mattress Level	30	30
Toilet area	30	30
Lounge		
General	10	10
Reading	30	30
Recreation	30	30
Dining	30	30
Laundry	30	30

Based on lighting guidelines published in "Lighting for Health Care Facilities", Illuminating Engineering Society of North America, 1985 edition.

- (5) Each resident room shall have duplex grounding type receptacles as follows:
- (a) one located on each side of the head of each bed;
  - (b) one for television, if used; and
  - (c) one on each other wall.
- (6) Receptacles may be omitted from exterior walls where construction would make installation impractical.
- (7) Duplex grounded receptacles for general use shall be installed in all corridors.

**R432-12-24[7]. Emergency Power System.**

- (1) Facilities that provide care for persons who require electrically operated life-support systems, or when required by Table 1, shall be equipped with an emergency power system.
- (2) The following services shall be connected to the emergency generator Life Safety Branch as defined in section 517-32, critical branch as defined in 517-33 and Equipment systems defined its 517-34 of the National Electric Code NFPA 70, which is adopted and incorporated by reference.
- ~~[(a) The emergency power system shall also provide power for essential cooling equipment if the facility is unable to provide adequate ventilation by other means.~~
- ~~(b)(3)~~ Power need not be provided to all building heating and ~~cooling~~ ventilation equipment if it is provided to a common area sufficient in size to accommodate temporary beds on a short-term emergency basis.
- ~~(3)4~~ Automatic transfer switches shall transfer essential electrical loading to the circuits described above within 10 seconds of any interruption of normal power.
- ~~(4)5~~ The emergency generator shall be fueled with a storable fuel source such as diesel fuel, gasoline, or propane. At least 48 hours of fuel shall be available.
- ~~(5)6~~ All other facilities shall make provision for essential emergency lighting and heating during an emergency to meet the needs of residents. All emergency heating devices shall be approved by the local Fire Marshal.

**R432-12-25. Penalties.**

Any person who violates any provision of this rule may be subject to the penalties enumerated in 26-21-11 and R432-3-6 or be assess a civil money penalty not to exceed the sum of \$5,000 or be punished for violation of a class B misdemeanor for the first violation and for any subsequent similar violation within two years for violation of a class A misdemeanor as provided in 26-23-6.

**KEY: health facilities**  
**[March 3, 1995]1999**

26-21-5



Health, Health Systems Improvement,  
 Health Facility Licensure  
**R432-13**  
 Freestanding Ambulatory Surgical  
 Center Construction Rule

**NOTICE OF PROPOSED RULE**  
 (Amendment)  
 DAR FILE No.: 22373  
 FILED: 09/09/1999, 12:10  
 RECEIVED BY: NL

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This filing includes amendments to the current rule resulting from comments and suggestions received during committee review to update referenced codes and guidelines, correct errors, and modify some requirements based on current experience and needs.

SUMMARY OF THE RULE OR CHANGE: The proposed modifications include adoption of the current edition of the "Guidelines for Design and Construction of Hospital and Health Care Facilities." Elevator sizes are standardized for multilevel health care facilities to provide a gurney-size elevator. Typo errors have been corrected. The only other modification eliminates a redundant comment. The "Penalties" paragraph has been added as required by the Rulemaking Act.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 21

ANTICIPATED COST OR SAVINGS TO:

- ❖THE STATE BUDGET: Limited cost to the state budget will include printing the modified rule and distribution to providers.
  - ❖LOCAL GOVERNMENTS: No anticipated cost as enforcement of this rule does not apply to local governments.
  - ❖OTHER PERSONS: The proposed 8'5" by 5'8" elevator will cost approximately \$7,000 more per elevator over the smallest commercial elevator. The Bureau has averaged almost three additional facilities per year over the past three years. If this holds for the future it is anticipated that additional costs will be approximately \$21,000 per year, or \$7,000 per facility.
- COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs for existing facilities, however, existing multilevel facilities that remodel, or newly constructed facilities built after the effective date, will incur approximately \$7,000 of expense per elevator. The Bureau is not aware of

any such plans for new or remodeled ambulatory surgical centers after the rules go into effect.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Update to rule to adopt current version of standard for construction will impose minor costs due to the increased size for an elevator. The Department believes that regulated agencies prefer the standardization, but will review the need for this requirement based on public comments that may be received--Rod Betit

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Health  
Health Systems Improvement,  
Health Facility Licensure  
Cannon Health Building  
288 North 1460 West  
PO Box 142003  
Salt Lake City, UT 84114-2003, or  
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

Debra Wynkoop-Green at the above address, by phone at (801) 538-6152, by FAX at (801) 538-6325, or by Internet E-mail at dwynkoop@doh.state.ut.us.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Rod L. Betit, Executive Director

### **R432. Health, Health Systems Improvement, Health Facility Licensure.**

#### **R432-13. Freestanding Ambulatory Surgical Center Construction Rule.**

##### **R432-13-1. Legal Authority.**

This rule is adopted pursuant to Title 26, Chapter 21.

##### **R432-13-2. Purpose.**

The purpose of this rule is to establish construction and physical plant standards for the operation of a freestanding surgical facility that provides surgical services to patients not requiring hospitalization.

##### **R432-13-3. General Design Requirements.**

(1) Ambulatory Surgical Centers shall be constructed in accordance with the requirements of R432-4-1 through R432-4-23 and the requirements of the Guidelines for Design and [the] Construction [and Equipment] of Hospital and [Medical] Health Care Facilities, Section 9.2., 9.5 and 9.9 including Appendix A, 199[2]6-199[3]7 edition (Guidelines). Where a modification is cited, the modification supersedes conflicting requirements of R432-4 or the Guidelines.

(2) Ambulatory Surgical Centers shall consist of at least two operating rooms and support facilities.

(3) Ambulatory Surgical Centers shall be equipped to perform general anesthesia. Flammable anesthetics may not be used in Ambulatory Surgical Centers.

(4) Ambulatory Surgical Centers which are located within a building not constructed in accordance with NFPA 101, Life Safety Code, Section 12-6, shall be physically separated in accordance with requirements of the local building official having jurisdiction.

(a) The facility shall have at least two exits leading directly to the exterior of the building.

(b) Design shall preclude unrelated traffic through units or suites of the licensed facility.

#### **R432-13-4. General Construction, Patient Facilities.**

(1) Adequate sterile supplies shall be maintained in the facility to meet the maximum demands of one day's case load.

(2) Operating rooms for cystoscopic procedures shall comply with Section 7.7.A4 of the Guidelines.

(3) A toilet room shall be readily accessible to recovery rooms and recovery lounge.

(4) Change areas shall comply with Guidelines subsection 9.5.F5.(f)(i) and shall be arranged to accommodate a one way traffic pattern enabling personnel to change and directly enter the operating room corridor.

(5) Special or additional service areas such as radiology, if required by the functional program, shall comply with the requirements of the General Hospital Rules, R432-100.

#### **R432-13-5. General Construction [~~— Ancillary Support Facilities~~].**

(1) The administration and public areas which are not part of the Ambulatory Surgical Center exiting system, may be located outside of the institutional occupancy envelope when authorized by the local building official having jurisdiction.

(2) Cubicle curtains and draperies shall be affixed to permanently mounted tracks or rods. Portable curtains or visual barriers are not permitted.

(3) An [E]levator[s] shall be provided when an ambulatory surgical center is located on a level other than at grade. The minimum inside dimensions of the cab shall be at least 5'8" wide by 8'5" deep with a minimum clear door width of 3'8". [meet the requirements of the ASME Elevator and Escalator A17.1, 1993 edition and ADAAG:

~~— (a) Elevators used for passenger service shall be constructed to accommodate wheelchairs in accordance with ADAAG.~~

~~— (b) An intercom or telephone, connected to a 24-hour staffed position, shall be installed in each elevator.~~

~~— (c) When two or more licensed health care facilities share a physical plant, elevators may be shared if all requirements of R432-4 are met.~~

~~— (d) The licensee shall maintain documentation that the elevator inspections and tests required by state and local agencies are completed.]~~

(4) Yard equipment and supply storage areas shall be located so that equipment may be moved directly to the exterior without passing through building rooms or corridors.

(5) The facility shall provide for the sanitary storage and treatment or disposal of all categories of waste, including hazardous and infectious wastes, if applicable, using procedures established by

the Utah Department of Environmental Quality and the local health department having jurisdiction.

(6) All rooms shall be mechanically ventilated.[]

~~(7) The housekeeping room shall be mechanically exhausted to the outside.[]~~

([8]7) Access to medical gas supply and storage areas shall be arranged to preclude travel through clean or sterile areas. There shall be space for enough reserve gas cylinders to complete at least one routine day's procedures.

([9]8) An on-site emergency generator shall be provided and the following services shall be connected to the emergency generator:

(a) life safety branch as defined in 517-32 of the National Electric Code NFPA 70, 1991 edition;

(b) critical branch as defined in 517-33 of the National Electric Code NFPA 70, 1991 edition;

(c) equipment system as defined in 517-34 of the National Electric Code NFPA 70, 1991 edition;

([+0]9) There shall be sufficient fuel storage capacity to permit at least four hours continuous operation shall be provided.

([+1]10) Lighting shall comply with R432-4-23(2[3]0)(b).

**R432-13-6. Extended Recovery Care Unit.**

(1) A facility that provides extended recovery services shall maintain a patient care area that is distinct and separate from the post-anesthesia recovery area. The patient care area shall provide the following:

(a) a room or area that ensures patient privacy, including visual privacy;

(b) a minimum of 80 square feet of space for each patient bed with at least three feet between patient beds and between the sides of patient beds and adjacent walls.

(c) a nurse call system at each patient's bed and at the toilet, shower and bathrooms, which shall transmit a visual and auditory signal to a centrally staffed location which identifies the location of the patient summoning help;

(d) a patient bathroom with a lavatory and toilet;

(e) oxygen and suction equipment;

(f) medical and personal care equipment necessary to meet patient needs.

(2) A separate food nutrition area which shall include a counter, sink, refrigerator, heating/warming oven or microwave, and sufficient storage for food items.

**R432-13-7. Exclusions to Guidelines.**

The following sections of the Guidelines do not apply to Freestanding Surgical Center construction:

(1) Parking, Section 9.5.C.

(2) Waste Processing Systems, Section 9.2.G3.[]

~~(3) Details and Finishes, Section 9.2.H1.(a) and (b).[]~~

**R432-13-8. Penalties.**

Any person who violates any provision of this rule may be subject to the penalties enumerated in 26-21-11 and R432-3-6 or be assessed a civil money penalty not to exceed the sum of \$5,000 or be punished for violation of a class B misdemeanor for the first violation and for any subsequent similar violation within two years for violation of a class A misdemeanor as provided in 26-23-6.

**KEY: health facilities**

**[May 1, 1996]1999**

26-21-5

26-21-16



**Health, Health Systems Improvement,  
Health Facility Licensure  
R432-14  
Birthing Center Construction Rule**

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 22374

FILED: 09/09/1999, 12:10

RECEIVED BY: NL

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** This filing includes amendments to the current rule resulting from comments and suggestions received during committee review to update referenced codes and guidelines, correct errors, and modify some requirements based on current experience and needs.

**SUMMARY OF THE RULE OR CHANGE:** The proposed modifications include an update of referenced codes and the "Guidelines for Design and Construction of Hospital and Health Care Facilities." The "Penalties" paragraph has been added as required by the Rulemaking Act.

**STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 26, Chapter 21

**THIS RULE OR CHANGE INCORPORATES BY REFERENCE THE FOLLOWING MATERIAL:** "Guidelines for Design and Construction of Hospital and Health Care Facilities," Sections 9.2 and 9.7, 1996-1997 edition.

**ANTICIPATED COST OR SAVINGS TO:**

❖**THE STATE BUDGET:** Limited cost to the state budget will include printing the modified rule and distribution to providers.

❖**LOCAL GOVERNMENTS:** No anticipated cost as enforcement of this rule does not apply to local governments.

❖**OTHER PERSONS:** The Bureau does not believe there will be any additional compliance cost or savings as a result of the proposed modifications. Modifications eliminate redundancy and clarify intent. No construction modifications are included in the rule changes.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** The Bureau does not believe there will be any additional compliance cost or savings as a result of the proposed modifications. Modifications eliminate redundancy and clarify intent. No construction modifications are included in the rule changes.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Update to rule to adopt current version of standard for construction. The Department believes that regulated agencies prefer the standardization, but will review the need for this requirement based on public comments that may be received--Rod Betit

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Health  
Health Systems Improvement,  
Health Facility Licensure  
Cannon Health Building  
288 North 1460 West  
PO Box 142003  
Salt Lake City, UT 84114-2003, or  
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

Debra Wynkoop-Green at the above address, by phone at (801) 538-6152, by FAX at (801) 538-6325, or by Internet E-mail at [dwynkoop@doh.state.ut.us](mailto:dwynkoop@doh.state.ut.us).

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Rod L. Betit, Executive Director

**R432. Health, Health Systems Improvement, Health Facility Licensure.**

**R432-14. Birthing Center Construction Rule.**

**R432-14-1. Legal Authority.**

This rule is adopted pursuant to Title 26, Chapter 21.

**R432-14-2. Purpose.**

This rule provides construction and physical plant standards for birthing centers.

**R432-14-3. General Design Requirements.**

(1) Birthing centers shall be constructed in accordance with the requirements of R432-4-1 through R432-4-23 and the requirements of sections 9.2 and 9.7 of the Guidelines for ~~[the] Design and Construction [and Equipment] of Hospital and [Medical] Health Care Facilities, 199[2]6-9[3]7~~ edition including Appendix A (Guidelines) and are adopted and incorporated by reference.

(2) Birthing Centers shall consist of at least two, but not more than five birthing rooms.

(3) Birthing rooms and ancillary service areas shall be organized in a contiguous physical arrangement.

(4) To qualify for licensure, regardless of size, a Birthing Center shall be constructed in accordance with NFPA 101, Life Safety Code, Section 12-6, New Ambulatory Health Care Centers.

(5) Birthing Centers which are located within a building not constructed in accordance with NFPA 101, Life Safety Code, Section 12-6, shall be physically separated in accordance with

requirements established by the local building official having jurisdiction and shall have at least two exits leading directly to the exterior of the building.

(6) Administration and public areas that are not part of the Birthing Center exiting system may be located outside of the institutional occupancy envelope when authorized by the local building official having jurisdiction.

(7) A Birthing Center located contiguous with a general hospital may share radiology services, laboratory services, pharmacy services, engineering services, maintenance services, laundry services, housekeeping services, dietary services, and business functions. The owner shall retain in the Birthing Center a written agreement for the shared services.

**R432-14-4. General Construction Patient Facilities.**

(1) Requirements of sections 9.2 and 9.7 of the Guidelines shall be met except as modified in this section.

(2) When a modification is cited, the modification supersedes conflicting requirements of the Guidelines.

(3) When used in this rule, "room or office" describes a specific separate, enclosed space for the service. When "room or office" is not used, multiple services may be accommodated in one enclosed space.

(4) The facility shall be designed to allow access to service areas and common areas without compromising patient privacy.

(5) Patient rooms and service areas shall be grouped to form a physically defined service unit.

(6) Spaces shall be provided for each of the required services.

(7) Interior finishes, lighting, and furnishings reflect a residential rather than an institutional setting.

(8) Maximum room occupancy shall be one mother and her newborn infant or infants.

(9) Each birthing room shall have a window in accordance with R432-4-23(7). Windows with a sight line which permits observation from the exterior shall be arranged or draped to ensure patient privacy.

(10) Patient rooms shall provide each patient a wardrobe, closet, or locker, having minimum clear dimensions of 24 inches by 20 inches, suitable for hanging full-length garments. A clothes rod and adjustable shelf shall be provided.

(11) A toilet room with direct access from the birthing room shall be accessible to each birthing room.

(a) The toilet room shall contain a toilet, a lavatory, and a shower or tub.

(b) A toilet room may serve two patient rooms.

(c) All toilet room fixtures shall be handicapped accessible and shall have grab bars in compliance with ADAAG.

(d) Each birthing room shall be equipped with a lavatory for handwashing in addition to the lavatory in the toilet room. If the lavatory is equipped with wrist blades, it may be used for scrubbing.

(12) Newborn infant resuscitation facilities, remote from facilities serving the mother, including electrical outlets, oxygen, and suction shall be ~~provided~~ immediately available to ~~in~~ each birthing room in addition to resuscitation equipment provided for the mother.

(13) A separate room for storage of maintenance materials and equipment shall be provided.

(a) The room may serve as a maintenance office with storage for maintenance files, facility drawings, and operation manuals.

(b) The storage room shall be in addition to the required janitors closet.

(14) Special surgical lighting is not required.

(15) An examination light shall be provided in each patient room. The light, if portable, shall be immediately accessible.

(16) An emergency electrical service is connected to an on-site emergency generator is required.

(f)a Services shall be connected to the emergency generator to include:

- (i) fire alarm system;
- (ii) telephone;
- (iii) nurse call;
- (iv) one duplex convenience outlet in each patient room located to allow use of a portable examination light;
- (v) one duplex convenience outlet at each nurse station;
- (vi) heating system;
- (vii) emergency lighting system.

(e)b There shall be sufficient fuel storage capacity to permit at least four hours continuous operation.

**R432-14-5. Sections of the Guidelines which are Excluded.**

The following sections of the Guidelines do not apply:

- (1) Parking, Section 9.7A, subsection 9.7B.2., and subsection 9.7C.2.
- (2) Radiology, Section 9.2.C.
- (3) Laboratory, Section 9.2.D.
- (4) General Purpose Examination Rooms, Subsection 9.2.B1.
- (5) Special Purpose Examination Rooms, Subsection 9.2.B2.
- (6) Treatment Rooms, Subsection 9.2.B3.
- (7) Observation Rooms, Subsection 9.2.B4.

**R432-14-6. Penalties.**

Any person who violates any provision of this rule may be subject to the penalties enumerated in 26-21-11 and R432-3-6 or be assessed a civil money penalty not to exceed the sum of \$5,000 or be punished for violation of a class B misdemeanor for the first violation and for any subsequent similar violation within two years for violation of a class A misdemeanor as provided in 26-23-6.

**KEY: health facilities**

**[~~March 3, 1995~~1999]**

**26-21-5  
26-21-16**



**Health, Health Systems Improvement,  
Health Facility Licensure**

**R432-15**

**Assisted Living Facilities, General  
Construction**

**NOTICE OF PROPOSED RULE**

(Repeal)

DAR FILE NO.: 22361

FILED: 09/03/1999, 14:47

RECEIVED BY: NL

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** This filing repeals the Assisted Living Construction rule. The construction standards have been incorporated in Rule R432-6.

**SUMMARY OF THE RULE OR CHANGE:** This rule is repealed in its entirety.

**STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 26, Chapter 21

**ANTICIPATED COST OR SAVINGS TO:**

❖**THE STATE BUDGET:** There will not be a compliance cost incurred as a result of this repeal since the standards have been adopted in a previous filing of Rule R432-6. Some savings may be realized since the Bureau will not need to copy or distribute this rule.

❖**LOCAL GOVERNMENTS:** There is no anticipated cost or savings to local government since they do not own or operate an assisted living program. There will not be a compliance cost or savings incurred as a result of this repeal.

❖**OTHER PERSONS:** The Bureau does not believe there will be any additional compliance cost or savings as a result of the repeal since the standards have been adopted in a previous filing of Rule R432-6.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** The Bureau does not believe there will be any additional compliance cost or savings as a result of the repeal of this rule, since all standards have been adopted in Section R432-6. There may be a savings to the Bureau for copying rules and mailing to prospective providers.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** This repeal will simplify the rule structure and help regulated businesses to more easily comply with rule requirements--Rod L. Betit

**THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:**

Health  
Health Systems Improvement,  
Health Facility Licensure  
Cannon Health Building  
288 North 1460 West  
PO Box 142003  
Salt Lake City, UT 84114-2003, or  
at the Division of Administrative Rules.

**DIRECT QUESTIONS REGARDING THIS RULE TO:**  
Debra Wynkoop-Green at the above address, by phone at (801) 538-6152, by FAX at (801) 538-6325, or by Internet E-mail at dwynkoop@doh.state.ut.us.

**INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.**

**THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999**

AUTHORIZED BY: Rod L. Betit, Executive Director

**R432. Health, Health Systems Improvement, Health Facility Licensure.**

**[R432-15. Assisted Living Facilities, General Construction.**

**R432-15-1. Legal Authority.**

— This rule is adopted pursuant to Title 26, Chapter 21.

**R432-15-2. Purpose.**

— The purpose of this rule is to promote the health and welfare of individuals receiving assisted living services through the establishment and enforcement of construction standards.

**R432-15-3. Definitions.**

— (1) The definitions of R432-270-3 apply to this rule; in addition:

— (2) "Resident Living Unit" means

— (a) a one bedroom unit which may also include a bathroom and additional living space; or

— (b) a two bedroom unit which may also include a bathroom and additional living space;

— (3) "Additional Living Space" means a living room, dining area and kitchen, or a combination of these rooms or areas in a resident living unit.

— (4) "Room or Office" means a specific, separate, fully enclosed space for the service. If "room or office" is not used, multiple services may be accommodated in one enclosed space.

**R432-15-4. General Requirements.**

— (1) The licensee is responsible for assuring compliance with rule R432-15.

— (2) If testing and certification compliance can only be verified through written documentation, the documentation shall be maintained in the facility for Department review.

— (3) If both state and local authorities have jurisdiction, the more restrictive requirements apply.

**R432-15-5. Codes and Code Compliance.**

— (1) The following codes and standards enforced by other agencies or jurisdictions apply to assisted living facilities:

— (a) Local zoning ordinances;

— (b) Uniform Building Code;

— (c) Uniform Plumbing Code;

— (d) Uniform Fire Code;

— (e) Uniform Mechanical Code;

— (f) National Electric Code;

— (g) American Society of Mechanical Engineers Elevator and Escalator A17.1;

— (h) Americans with Disabilities Act Accessibility Guidelines, (ADAAG);

— (2) The licensee shall obtain and submit a copy of the following certificates to the Department prior to occupancy of newly constructed facilities, or additions to or remodel of existing facilities:

— (a) A certificate of occupancy from the local building official having jurisdiction;

— (b) A certificate of fire clearance from the fire marshal having jurisdiction;

**R432-15-6. Occupancy Type.**

— (1) Large and small assisted living facilities shall comply with I-2, Uniform Building Code, requirements and shall have, at a minimum, six-foot wide corridors.

— (2) Limited capacity assisted living facilities that house assisted living residents shall comply with R-4, Uniform Building Code, requirements and shall either have an approved sprinkler system in compliance with NFPA 13R or provide a staff to a resident ratio of one to one on a 24-hour basis. Residents shall be housed on floors at grade level.

**R432-15-7. Plans Review and Approval.**

— The requirements of R432-6-5, 7, 8, 9, 10, 11, 13, 14, 15, and 21 must be followed:

**R432-15-8. Mixed Occupancies.**

— (1) If assisted living facilities share space with non-health care facilities, the occupancies shall be separated in accordance with requirements of the local jurisdiction.

— (2) If separation of occupancies is not practical, the most restrictive occupancy requirements shall apply.

**R432-15-9. Campus-Type Facilities.**

— (1) If a campus-type facility has separate buildings, all of the buildings shall be located on the same site within 150 feet of each other.

— (2) Resident living units shall be connected to bathing facilities and common areas by closed temperature controlled corridors.

— (3) Recreation and dining spaces that are also utilized by residents of other licensed health care facilities, within the same campus, may be counted in common area space as long as all applicable code and space requirements are met for all licensed facilities and the shared space is accessible without the need to pass through corridors or resident care areas of another licensed facility. The shared space shall not account for more than fifty percent of the total common square footage required for any one licensed facility.

**R432-15-10. General Requirements Resident Service Facilities.**

— (1) Facility services shall be accessible from common areas without compromising resident privacy.

— (2) Resident Living Units shall include room areas exclusive of space for toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules as follows:

— (a) A single occupant unit without additional living space shall be a minimum of 120 square feet.

— (b) A double occupant unit without additional living space shall be a minimum of 200 square feet.

— (c) A single occupant bedroom in a unit with additional living space shall be a minimum of 100 square feet.

— (d) A double occupant bedroom in a unit with additional living space shall be a minimum of 160 square feet.

— (e) If additional living space is included, the space shall be added to the total square footage of the resident living unit.

— (3) No space used for other purposes, such as a hall, corridor, unfinished attic, garage, storage area, shed, or similar detached building, may be used as a resident's bedroom.

— (4) Bedrooms may not be used as a passageway to another room, bath, or toilet other than those serving the bedroom.

— (5) A resident living unit shall open directly into a corridor or common living area but shall not open into a food preparation area.

— (6) Each resident living unit shall have a wardrobe, closet, or locker for each resident occupying the unit. The closet, wardrobe or locker shall have a shelf and a hanging rod, with minimum inside dimensions of 22 inches deep by 36 inches wide by 72 inches tall, suitable for hanging full-length garments.

— (7) A maximum of two residents may occupy a resident living unit.

**R432-15-11. Toilet and Bathing Facilities.**

— (1) If toilet and bathrooms are shared by more than one resident, the facility shall provide individual privacy.

— (2) A minimum of fifty percent of all toilet rooms, bathrooms and shower rooms shall be designed in compliance with ADAAG.

— (3) Public and staff toilet rooms shall be accessible from a corridor, and shall comply with ADAAG.

— (4) If the living unit includes a private bathroom, the bathroom shall contain a toilet and a lavatory.

— (5) If resident living units do not have a private bathroom, the facility shall provide the following:

— (a) A toilet and lavatory for every four residents;

— (b) A bathtub or shower for every 10 residents. Each bathroom shall be designed to accommodate a resident in a wheelchair and space to allow staff to assist a resident in taking a shower;

— (c) A bathroom with bathtub, toilet and lavatory which open from a corridor on each floor of a multiple-story facility.

— (6) If resident living units have private bathrooms that do not allow staff assistance, then each floor or level shall provide a bathroom with a bathtub, shower, toilet, or lavatory which opens from a corridor that provides wheelchair clearances and allows for staff assistance in bathing.

— (7) Toilet and bathing facilities may not open directly into food preparation areas.

— (8) All toilet, shower, and tub facilities shall have impermeable walls and surfaces that may be easily cleaned and sanitized.

— (9) Showers and tubs shall contain recessed soap dishes.

— (10) Each lavatory fixture shall have a mirror. Mirrors over lavatories located in food preparation areas are prohibited.

— (a) The placement of the mirror shall permit individuals using a wheelchair and individuals who are ambulatory to visually inspect themselves.

— (b) A full-length mirror may be used to meet this rule.

— (11) All lavatories shall have hand drying facilities.

— (a) If lavatories are used by more than one individual, enclosed, single use paper towel dispensing units or cloth towel dispensing units or hot air drying units shall be provided;

— (b) Lavatories shall be anchored to withstand an applied vertical load of 250 pounds on the front of the fixture.

— (12) Bars, including those which are parts of soap dishes, towel bars, and other fixtures shall be anchored to a wall and withstand a concentrated load of 250 pounds.

**R432-15-12. Common Areas.**

— (1) The facility shall provide a common room or rooms for dining, sitting, visiting, recreation, worship, and other activities.

— (a) If concurrent activities are planned in a common room, the room shall be arranged to promote and facilitate the activities to minimize disruption through the use of physical barriers for separation.

— (b) Space shall be provided for storing recreational equipment and supplies.

— (2) A facility shall provide the following minimum space for recreation activities:

— (a) In large facilities, 20 square feet per bed.

— (b) In small facilities, 20 square feet per bed, or a minimum of 160 square feet total area whichever is greater.

— (c) In a limited capacity facility, a minimum of 120 square feet.

— (d) If a facility adds 40 square feet per bed to a bedroom area square footage requirement, or adds 80 square feet of recreation space in a separate living room within the resident living unit, the square footage requirements for common recreational space may be reduced by 20 square feet per licensed bed in large and small facilities, not to exceed a reduction of 50 percent of the total common area square footage.

— (3) A facility shall provide the following space for dining activities:

— (a) In large and small facilities, a minimum of 15 square feet per licensed bed.

— (b) In limited capacity facilities, a minimum of 100 square feet.

— (c) If a kitchen and a minimum of 30 square feet of dining area space are provided in a resident unit in a large or small facility, then the common dining area may be reduced by 15 square feet per licensed bed. The maximum reduction shall be 50 percent of the total required dining area.

— (4) A separate private living room for family or informal gatherings shall be provided in a large facility as part of the common area space. The private living room shall be a minimum of 110 square feet. If all resident living units include additional living space, the facility is not required to provide a separate private living room.

— (5) Corridors and public reception space may not be included in the calculation for required square footage for dining or recreation space.

— (6) The facility shall provide ten square feet per bed or a minimum area of 100 square feet, whichever is greater, for outdoor recreation activities.

**R432-15-13. Resident Support Areas.**

— (1) A large facility shall provide a nourishment station which contains a work counter, refrigerator, sink and cabinets for storage. The station may be located in a single purpose room, dining room, or in a kitchen if staff has 24-hour access to the area.

— (2) If physical or occupational therapy services are included in a facility, the following shall be provided:

— (a) Space identified for therapy services;

— (b) Therapy equipment;

— (c) Storage area for equipment and supplies, including clean and soiled linen; and

— (d) A toilet room which is wheelchair accessible located close to the therapy service area.

**R432-15-14. Administrative and General Service Areas:**

— (1) There shall be space and equipment for the administrative services as follows:

— (a) In large facilities, an administrative office of sufficient size to store records and equipment:

— (b) In small and limited capacity facilities, an area may be designated for administrative activities and record storage:

— (2) Storage shall be provided for securing staff belongings as follows:

— (a) In large facilities a room shall be provided to serve as a staff lounge with staff lockers for storage and staff toilet room:

— (b) In small and limited care facilities a storage area shall be identified to store staff belongings:

— (3) A large facility shall provide a public reception or information area:

— (4) A telephone shall be provided for private use by residents and visitors:

**R432-15-15. Food Service:**

— (1) Food service facilities and equipment shall comply with R392-100, the Utah Department of Health Food Service Sanitation Rules:

— (2) Food service space and equipment shall be provided as follows:

— (a) Storage area for food supplies, including a cold storage area, for a seven-day supply of staple foods and a three-day supply of perishable foods;

— (b) Food preparation area;

— (c) An area to serve and distribute resident meals;

— (d) An area for receiving, scraping, sorting, and washing soiled dishes and tableware;

— (e) A storage area for waste which is located next to an outside facility exit for direct pickup;

— (f) A space for meal planning:

**R432-15-16. Special Design Features:**

— (1) Building entrances shall be at grade level, clearly marked, and located to minimize the need for residents to enter other program areas. A main facility entrance shall be designated and accessible to persons with disabilities:

— (2) Lobbies of multi-occupancy buildings may be shared if the design prevents unrelated traffic through the assisted living facility:

— (3) Large facilities shall provide a drinking fountain or water cooler which is accessible for persons with disabilities on each floor:

— (4) A signal system shall be provided to alert staff of a resident's need for help. The signal system shall be designed to:

— (a) Operate from each resident's living unit and from each bath room or toilet room;

— (b) Transmit a visual and auditory signal to a 24-hour staffed location, except a limited capacity facility signal system shall produce an auditory signal to summon staff;

— (c) Identify the location of the resident summoning help;

— (d) Shut off at the source of the call:

**R432-15-17. General Standards for Details:**

— (1) Each resident living unit entry door shall be constructed as follows:

— (a) be 36 inches wide,

— (b) open inward into the resident living unit or designed so that an outward swinging door does not restrict the corridor width;

— (c) be lockable, but openable from the inside by single-action lever:

— (d) be individually keyed and the key shall be under resident control:

— (2) A master key shall be available for staff to use in case of an emergency:

— (3) Door handles for all doors, except building entrances and exit doors which may have a panic devices for emergencies, used by residents shall be of the lever type and shall meet ADAAG requirements:

— (4) Each door to toilet and bathing facilities shall comply with ADAAG and the following:

— (a) be equipped with hardware which permits emergency access from the outside:

— (b) open out or be double acting:

— (5) Safety glass, wired glass, or plastic break-resistant materials shall be used in recreation rooms, and exercise rooms, unless prohibited in the Uniform Building Code:

— (6) Each resident's living room and bed room shall have a window which opens to the building exterior or to a court open to the sky. Window sills may not be below grade level:

— (7) Windows which open to the exterior shall be equipped with insect screens:

— (8) Handrails shall meet the requirements of ADAAG and be provided in all resident corridors:

— (9) Trash chutes, laundry chutes, dumbwaiters, elevator shafts, and other similar systems shall not allow movement of contaminated air into clean areas:

— (10) Thresholds and expansion joint covers shall be flush with the floor surface:

**R432-15-18. Linen Services:**

— (1) Each facility shall have space and equipment to store and process clean and soiled linen as required for resident care. Laundry may be done within the facility, in a building on or off-site, or in a commercial or shared laundry:

— (2) If laundry is done off the site, the following shall be provided:

— (a) A room for receiving and holding soiled linen until ready for pickup or processing:

— (b) A central, clean linen storage room(s):

— (c) A lavatory in each area where unbagged, soiled linen is handled:

— (3) If a large or small facility processes its own laundry on-site, the following shall be provided:

— (a) A room for receiving, holding, and sorting soiled linens, with pre-wash facilities and hand washing facilities;

— (b) A laundry processing room with washer(s) and dryer(s);

— (c) Storage for laundry supplies:

— (d) Arrangement of equipment that will permit an orderly workflow and minimize cross-traffic that might mix clean and soiled operations:

— (e) Facilities may provide holding rooms on each level for bagged, soiled linen:

— (f) A central, clean linen storage room(s):

— (4) If a limited capacity facility processes its own laundry on-site the following shall be provided:



- (a) A room to store and process both clean and soiled linen.
- (b) A washer and dryer.
- (c) A utility sink in the laundry room.
- (5) Each facility shall provide a minimum of one washing machine, one clothes dryer, and ironing equipment in good working order for resident use.

**R432-15-19. General Standards for Finishes:**

- (1) Floor materials shall be easily cleanable.
- (2) Floors in areas used for food preparation or food assembly shall be water-resistant. Floor surfaces, including tile joints, shall be resistant to food acids.
- (3) In areas subject to frequent wet-cleaning, the floor materials shall be sealed to prevent contamination by germicidal cleaning solutions.
- (4) Floors and wall bases of kitchens, toilet rooms, bath rooms, and housekeeping rooms shall be homogeneous or joints shall be tightly sealed. Bases shall be integrated with the floor and coved.
- (5) Wall finishes shall be washable and, in the immediate vicinity of plumbing fixtures, smooth and moisture-resistant.
- (6) Finish, trim, floor, and wall construction in food preparation areas shall be free of insect and rodent harboring spaces.
- (7) Floor and wall openings for pipes, ducts, conduits, and joints of structural elements shall be tightly sealed to prevent entry of pests.
- (8) Carpet and padding shall be stretched taut and be free of loose edges.
- (9) Finishes of all exposed ceilings and ceiling structures in resident rooms and staff work areas shall be cleanable.
- (10) Finished ceilings shall be provided in areas where dust fallout might occur.
- (11) In large facilities, acoustical treatment for sound control shall be provided in corridors in resident areas, day rooms, recreation rooms, dining areas, and waiting areas.
- (12) Finished ceilings shall not be required in mechanical and equipment spaces, shops, general storage areas, and similar spaces, unless required for fire resistive purposes.
- (13) The following signs shall be provided:
  - (a) general and circulation direction signs in corridors of large facilities;
  - (b) emergency evacuation directional signs for large facilities; and
  - (c) room identification signs on the corridor side of all corridor doors.

**R432-15-20. Building Systems:**

- (1) Facilities and equipment shall be provided for the sanitary storage and treatment or disposal of all categories of waste, including hazardous and infectious wastes if applicable, using techniques acceptable to the Utah Department of Environmental Quality, and the local health department having jurisdiction.
- (2) The following rooms and areas shall be provided for service and maintenance functions:
  - (a) mechanical or electrical equipment room, or both;
  - (b) storage room for building maintenance supplies;

- (c) storage area for solvents and flammable liquids in accordance with requirements of the fire marshal having jurisdiction;
- (d) yard equipment and supply storage areas located so that equipment may be moved directly to the exterior of the building without passing through building rooms or corridors;
- (e) Large and small facilities shall provide central storage for supplies, equipment and miscellaneous storage.
- (3) A housekeeping room shall be located on each floor of the assisted living facility. In large facilities, this room shall have a floor receptor or service sink and be mechanically exhausted.
- (4) Large and small facilities shall have sound control in compliance with noise reduction criteria in Table 1.

TABLE 1  
Sound Transmission Limitations

	Airborne Sound	
	Partitions	Floors
Residents' room to residents' room	35	40
Public space to residents' room	40	40
Service areas to residents' room	45	45

- (a) Sound transmission class shall be determined by tests in accordance with methods set forth in ASTM Standard E 90 and ASTM Standard E 413. If partitions do not extend to the structure above, sound transmission through ceilings and composite STC performance shall be considered.
- (b) Public space includes lobbies, dining rooms, recreation rooms, treatment rooms, and similar space.
- (c) Service areas include kitchens, elevators, elevator machine rooms, laundries, garages, maintenance rooms, boilers and mechanical equipment rooms, and similar spaces of high noise. Mechanical equipment located on the same floor or above resident's rooms, offices, and similarly occupied space shall be effectively isolated from the floor.
- (d) Recreation rooms, exercise rooms, equipment rooms and similar spaces where impact noises may be generated may not be located directly over resident units.

**R432-15-21. Mechanical, Heating, Cooling, and Ventilation Systems:**

- (1) The mechanical system design shall prevent large temperature differentials, high velocity supply, excessive noise, and air stagnation.
- (2) If no minimum total air change rate is identified in Table 2, the air supply and exhaust in rooms may vary to zero in response to room load.
- (3) Minimum total air change, room temperature, and temperature control shall comply with standards in Table 2.
- (4) Airflow supply and exhaust shall be controlled to maintain asepsis, control odors and ensure air movement from clean to less clean areas.
- (5) Rooms containing heat-producing equipment shall be insulated and ventilated to prevent the floor surface above or the walls of adjacent occupied areas from exceeding a temperature of ten degrees Fahrenheit above ambient room temperature.

- (6) Insulation containing asbestos is prohibited.
- (7) All rooms and occupiable areas in the facility shall have provisions for ventilation. Natural window ventilation may be used for ventilation of nonsensitive areas and resident rooms when weather conditions permit, but mechanical ventilation shall be provided.
- (8) Mechanical ventilation shall be provided in interior areas.
- (9) The heating system shall be capable of maintaining temperatures of 80 degrees F. in areas occupied by residents.
- (10) The cooling system shall be capable of maintaining temperatures of 72 degrees F. in areas occupied by residents.
- (11) Large and small facilities shall provide a thermostat control in each resident living unit. The Department may grant a variance request from the licensee to this requirement for an existing building seeking initial licensure.
- (12) All facilities shall provide heating devices for use in an emergency situation which are approved by the local fire jurisdiction.
- (13) Fans shall be located in an exhaust system and shall be accessible at the discharge end. This does not apply to small single room fans.
- (14) Fresh air intakes shall be located to prevent fumes from exhaust outlets of ventilating systems, combustion equipment stacks, plumbing vents, or areas subject to vehicular exhaust or other noxious fumes from entering the building.
- (15) All ventilation, air-conditioning systems and air delivery equipment, including through wall units, shall be equipped with filters in accordance with Table 3.
- (16) Gravity exhaust may be used for boiler rooms, central storage, and other nonresident areas.
- (17) Ventilation, as required by Table 2, shall be provided for interior spaces independent of thermostat-controlled demands.
- (18) The ventilation system shall be operated and the air balance tested prior to the final Department construction inspection. The initial test results and air balancing report shall be maintained for Department review.

TABLE 2  
Ventilation Requirements

AREA DESIGNATION	AIR MOVEMENT IN RELATION TO ADJACENT AREAS	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR	MINIMUM TOTAL AIR CHANGES PER HOUR	ALL AIR EXHAUSTED OUTSIDE	DESIGN TEMP. HEATING COOLING
Bath and Shower Rooms	N	Optional	10	YES	80 F
Clean Linen Storage	P	Optional	2	Optional	
Common areas	E	2	2	Optional	80 F 72 F
Dietary Day Storage	V	Optional	2	Optional	
Food Preparation Center	E	2	10	YES	

Housekeeping Rooms	N	Optional	10	YES	
Laundry	V	2	10	YES	
Corridor	E	Optional	2	Optional	
Grooming Area	N	2	2	YES	80 F
Resident Units or rooms	E	2	2	Optional	80 F
Soiled Linen Sorting and Storage	N	Optional	10	YES	
Toilet Rooms	N	Optional	10	YES	80 F
Ware Washing	N	Optional	10	YES	

E = Equal; N = Negative; P = Positive; V = Variable

(a) The requirements of Table 2 do not apply to limited capacity facilities. Limited capacity facilities shall provide exhaust for kitchens and bathrooms.

(b) If an existing building's bathroom or toilet room is not exhausted to the outside, the licensee may submit a Request for Agency Action Variance to the Table 2 requirements at the time of initial licensing.

TABLE 3  
Filter Efficiencies For Ventilation And Air-conditioning Systems

	Minimum no. filter beds	Filter efficiencies
All areas for resident care, and those areas providing direct service or clean supplies	1	30
Administrative, bulk storage, soiled holding, food preparation, laundries	1	25

**R432-15-22. Plumbing:**

- (1) Showers and tubs shall have non-slip or slip-resistant surfaces.
- (2) Potable water supply systems shall comply with the following requirements:
  - (a) Water supply systems shall be designed with sufficient pressure to operate all fixtures and equipment during maximum demand.
  - (b) All fixtures used by residents shall be trimmed with valves with cross, tee or single lever handles.
  - (c) Hot and cold water shall be clearly identified on the handle.
  - (d) Shutoff valves shall be located on the main water supply line and at each fixture. In addition, large facilities shall provide an accessible shutoff valve on each primary hot and cold branch of the water line and shall provide a minimum of two hot and two cold water zones. The Licensee of an existing building may submit a Request for Variance for this standard.

(3) Hot water systems shall comply with the following:  
 (a) As a minimum, water-heating systems shall provide supply capacity at temperatures and amounts indicated in Table 4. Water temperature shall be measured at the point of use or inlet to equipment.

TABLE 4  
 Hot Water Use  
 Resident Care Areas Dietary Laundry

Gallons per Hour per Bed	3	2	2
Temperature Centigrade	43	49	71
Temperature Fahrenheit	110	120	160(a)

(a) Hot water for laundry shall be 160 degrees Fahrenheit by steam jet or separate booster heater. Water temperatures may vary according to type of cycle, time of operation, and formula of soap or bleach, and type and degree of soil.

(b) Distribution systems exceeding 50 linear feet serving resident care areas shall be under constant recirculation to provide continuous hot water to each outlet.

(c) The hot water temperature for lavatories, showers and baths shall not exceed 120 degrees Fahrenheit. Thermostatically controlled automatic mixing valves may be used to maintain hot water temperatures.

(d) If a low temperature chemical rinse is not used, dishwasher rinse water shall be a minimum of 180 degrees Fahrenheit. A separate booster may be used to maintain water temperature at the washer.

(e) Quantities indicated for design demand of hot water are for general reference minimums and shall not substitute for accepted engineering design procedures using actual number and types of fixtures to be installed.

(4) Building sewers shall discharge into a community sewerage system. If a community sewerage system is not available, the facility shall treat its sewage in accordance with requirements of the Utah Department of Environmental Quality and local health department

(5) If overhead drain piping is exposed, provisions shall be made to protect the space below from contamination from leakage, condensation, and dust particles.

(6) A kitchen grease trap shall be located in compliance with local health department rules.

(7) Dishwashers, in-sink garbage disposers, and other appliances shall be approved by the National Sanitation Foundation(NSF). The appliances shall have an NSF seal.

**R432-15-23. Electrical:**

(1) In large facilities, panel boards serving normal lighting and appliance circuits shall be located on the same floor or on the same wing as the circuits they serve. Panels for emergency circuits may serve the floors above and below for general resident areas and administration.

(2) Light intensity may be above the minimum footcandles in accordance with Table 5. Areas not shown in Table 5, including parking lots and approaches to the building, shall have fixtures to provide light levels in the mid range values as recommended in IES Lighting Handbook, 1987 Volume 2, Applications by the Illuminating Engineering Society of North America.

TABLE 5  
 Lighting Standards

Physical Plant Area	Minimum Footcandles
Corridors	
Day	15
Night	7.5
Exits	15
Stairways	15
Res. Unit	
General	7.5
Reading/Mattress Level	30
Toilet area	30
Cooking area	50
Lounge	
General	7.5
Reading	30
Recreation	30
Dining(a)	30
Laundry	30
Outdoor Recreation area's	7.5

(a) Areas used exclusively for dining may have a minimum of 20 footcandles.

(3) Each resident room shall have duplex grounded receptacles on every wall and an additional receptacle for a television.

(4) Duplex grounded receptacles for general use shall be installed no more than 50 feet apart in corridors, on either side, and within 25 feet of corridor ends.

(5) Light switches in resident living units shall be of the quiet operating type.

(6) There shall be a night light in each resident bedroom and bathroom.

(7) Materials shall be listed as complying with standards of Underwriters Laboratories, Inc.

**KEY: health facilities**

July 17, 1995 26-21-5  
26-21-1]



Health, Health Systems Improvement,  
 Health Facility Licensure  
**R432-150-24**  
 Food Service

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 22362

FILED: 09/03/1999, 14:47

RECEIVED BY: NL

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The amendment modifies the food service rule for nursing care facilities to address the requirement that if a dietetic supervisor is not a registered dietitian, the facility must document at least monthly consultation.

SUMMARY OF THE RULE OR CHANGE: The rule clarifies that the facility may have a consultant instead of the more restrictive language which required a consultation on a monthly basis.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 21

ANTICIPATED COST OR SAVINGS TO:

❖THE STATE BUDGET: This amendment poses an additional savings if the state runs a nursing facility by eliminating the monthly consultation of a registered dietitian for all patients. Consultant fees average \$35 per hour. With the average size of a nursing facility being 100 patients, the aggregate savings would be approximately 8 hours of time per month at \$280, with an annual savings of \$3,360.

❖LOCAL GOVERNMENTS: If local government operates a nursing facility then this amendment poses an additional savings by eliminating the monthly consultation of a registered dietitian for all patients. Consultant fees average \$35 per hour. With the average size of a nursing facility being 100 patients, the aggregate savings would be approximately 8 hours of time per month at \$280, with an annual savings of \$3,360. It is estimated that local governments operate 8 nursing facilities with an aggregate savings of \$26,880.

❖OTHER PERSONS: Private nursing facilities shall realize an additional savings by eliminating the monthly consultation of a registered dietitian for all patients. Consultant fees average \$35 per hour. With the average size of a nursing facility being 100 patients, the aggregate savings would be approximately 8 hours of time per month at \$280, with an annual savings of \$3,360. There are 99 licensed nursing facilities who will have an aggregate savings of \$332,640.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The annual savings will be \$3,360 if consultant fees average \$35 per hour. With the average size of a nursing facility being 100 patients, the aggregate savings would be approximately 8 hours of time per month at \$280, with an annual savings of \$3,360. There will be some cost to the Department to print and distribute copies of the amended rule.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This rule simplifies requirements for regulated businesses without compromising the safety of residents--Rod L. Betit

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Health  
Health Systems Improvement,  
Health Facility Licensure  
Cannon Health Building  
288 North 1460 West  
PO Box 142003  
Salt Lake City, UT 84114-2003, or  
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

Debra Wynkoop-Green at the above address, by phone at (801) 538-6152, by FAX at (801) 538-6325, or by Internet E-mail at dwynkoop@doh.state.ut.us.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Rod L. Betit, Executive Director

**R432. Health, Health Systems Improvement, Health Facility Licensure.**

**R432-150. Nursing Care Facility.**

**R432-150-24. Food Services.**

(1) The facility must provide each resident with a safe, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.

(2) There must be adequate staff employed by the facility to meet the dietary needs of the residents.

(a) The facility must employ a dietitian either full-time, part-time, or on a consultant basis.

(b) The dietitian must be certified in accordance with Title 58, Chapter 49, Dietitian Certification Act.

(c) If a dietitian is not employed full-time, the administrator must designate a full-time person to serve as the dietetic supervisor.

(d) If the dietetic supervisor is not a certified dietitian, the facility must document ~~[that the consulting dietitian reviews each resident's dietary plan of care on at least a monthly basis.]~~ at least monthly consultation by a certified dietitian according to the needs of the residents.

(e) The dietetic supervisor shall be available when the consulting dietitian visits the facility.

(3) The facility must develop menus that meet the nutritional needs of residents to the extent medically possible.

(a) Menus shall be:

(i) prepared in advance;

(ii) followed;

(iii) different each day;

(iv) posted for each day of the week;

(v) approved and signed by a certified dietician and;

(vi) cycled no less than every three weeks.

(b) The facility must retain documentation for at least three months of all served substitutions to the menu.

(4) The facility must make available for Department review all food sanitation inspection reports of State or local health department inspections.

(5) The attending physician must prescribe in writing all therapeutic diets.

(6) There must be no more than a 14-hour interval between the evening meal and breakfast, unless a substantial snack is served in the evening.

(7) The facility must provide special eating equipment and assistive devices for residents who need them.

(8) The facility's food service must comply with the Utah Department of Health Food Service Sanitation Regulations R392-100.

(9) The facility must maintain a one-week supply of nonperishable staple foods and a three-day supply of perishable foods to complete the established menu for three meals per day, per resident.

**KEY: health facilities**  
**[February 25,]1999**  
**Notice of Continuation December 15, 1997**

26-21-5  
 26-21-16

3110 State Office Building  
 Salt Lake City, UT 84114, or  
 at the Division of Administrative Rules.



**Insurance, Administration**  
**R590-179**  
**Valuation of Life Insurance Policies**  
**Rule**

**NOTICE OF PROPOSED RULE**  
 (Repeal)  
 DAR FILE NO.: 22377  
 FILED: 09/13/1999, 16:56  
 RECEIVED BY: NL

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The department is in the process of rewriting this rule. We need to repeal it before the 51% requirement noted in rule is reached, thus enacting the provisions of the rule. This would happen when enough states, representing 51% of the total population of the United States adopt a rule with similar requirements. Since the adoption of the current rule, a revised rule has been created that is more widely accepted by the insurance industry. The new rule will allow for more flexibility of term insurance products.

SUMMARY OF THE RULE OR CHANGE: This rule is repealed in its entirety.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Sections 31A-17-402 and 31A-17-512

ANTICIPATED COST OR SAVINGS TO:

- ❖THE STATE BUDGET: This elimination of this rule will not increase or decrease the fees coming into the department nor require a change in personnel.
- ❖LOCAL GOVERNMENTS: This rule will not affect local government. The rule is regulated by a state government agency to which all fees are paid by its licensees.
- ❖OTHER PERSONS: The elimination of this rule will not affect insurance companies since the rule was never in force.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The elimination of this rule will not affect insurance companies since the provisions of the rule were never in force.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The repeal of this rule will have no fiscal impact on anyone since the provisions of the rule never took effect.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:  
 Insurance  
 Administration

DIRECT QUESTIONS REGARDING THIS RULE TO:  
 Jilene Whitby at the above address, by phone at (801) 538-3803, by FAX at (801) 538-3829, or by Internet E-mail at idmain.jwhitby@state.ut.us.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Jilene Whitby, Information Specialist

**R590. Insurance, Administration.**  
~~**R590-179. Valuation of Life Insurance Policies Rule.**~~  
**R590-179-1. Purpose.**

- A. The purpose of this rule is to provide:
  - (1) tables of select mortality factors and rules for their use;
  - (2) a minimum standard for the valuation of plans with non-level premiums or benefits; and
  - (3) a minimum standard for the valuation of plans with secondary guarantees.
- B. The method for calculating basic reserves defined in this rule will constitute the Commissioners' Reserve Valuation Method for policies to which this rule is applicable.

**R590-179-2. Authority.**

— This rule is issued under the authority of Sections 31A-17-402 and 31A-17-512.

**R590-179-3. Applicability.**

- This rule is applicable beginning January 1 of the calendar year immediately following the adoption of substantially similar requirements by states with an aggregate population of at least 51% of the total population of the United States of America, according to the most recent General Federal Census.
- This rule shall apply to all life insurance policies, with or without nonforfeiture values, issued on or after the effective date of this rule, subject to the following exceptions and conditions:
  - A. Exceptions:
    - (1) This rule does not apply to any individual life insurance policy issued on or after the effective date of this rule if the policy is issued in accordance with and as a result of the exercise of a reentry provision contained in the original life insurance policy of the same or greater face amount, issued before the effective date of this rule, that guarantees the premium rates of the new policy. This rule also may not apply to subsequent policies issued as a result of the exercise of such a provision, or a derivation of the provision, in the new policy.
    - (2) This rule does not apply to any variable life insurance policy that provides for life insurance, the amount or duration of which varies according to the investment experience of any separate account or accounts.

— (3) This rule does not apply to any variable universal life insurance policy that provides for life insurance, the amount or duration of which varies according to the investment experience of any separate account or accounts.

— (4) This rule does not apply to group life insurance certificates unless the certificates provide for a stated or implied schedule of maximum gross premiums required in order to continue coverage in force for a period in excess of one year.

— B. Conditions:

— (1) Calculation of the minimum valuation standard for policies with guaranteed non-level premiums or guaranteed non-level benefits, other than universal life policies, or both, shall be in accordance with the provisions of Subsection 6.

— (2) Calculation of the minimum valuation standard for flexible premium and fixed premium universal life insurance policies, that contain provisions resulting in the ability of a policyholder to keep a policy in force over a secondary guarantee period of more than five years, shall be in accordance with the provisions of Section 7.

#### **R590-179-4. Definitions:**

— For purposes of this rule:

— A. "Basic reserves" means reserves calculated in accordance with the principles of Section 31A-17-504.

— B. "Contract segmentation method" means the method of dividing the period from issue to mandatory expiration of a policy into successive segments, with the length of each segment being defined as the period from the end of the prior segment, from policy inception, for the first segment, to the end of the latest policy year as determined below. All calculations are made using the 1980 CSO valuation tables, as defined in Subsection E of this section, or any other valuation mortality table adopted by the National Association of Insurance Commissioners (NAIC) after the effective date of this rule and promulgated by rule by the commissioner for this purpose, and, if elected, the optional minimum mortality standard for deficiency reserves stipulated in Subsection 5B of this rule.

— The length of a particular contract segment shall be set equal to the minimum of the value  $t$  for which  $G_t$  is greater than  $R_t$ , if  $G_t$  never exceeds  $R_t$ , the segment length is deemed to be the number of years from the beginning of the segment to the mandatory expiration date of the policy, where  $G_t$  and  $R_t$  are defined as follows:

$$G_t = Gp_{x+k+t} - Gp_{x+k+t-1}$$

— where:

—  $x$  = original issue age;

—  $k$  = the number of years from the date of issue to the beginning of the segment;

—  $t = 1, 2, \dots$ ;  $t$  is reset to 1 at the beginning of each segment;

—  $Gp_{x+k+t}$  = Guaranteed gross premium per thousand of face amount, ignoring policy fees only if level for the premium paying period of the policy, for year  $t$  of the segment.

—  $R_t = q_{x+k+t} / q_{x+k+t-1}$ . However,  $R_t$  may be increased or decreased by 1% in any policy year, at the company's option, but  $R_t$  may not be less than one;

— where:

—  $x$ ,  $k$  and  $t$  are as defined above, and

—  $q_{x+k+t}$  = valuation mortality rate for deficiency reserves in policy year  $k+t$ .

— C. "Deficiency reserves" means the excess, if greater than zero, of

— (1) minimum reserves calculated in accordance with the principles of Section 31A-17-507 over

— (2) basic reserves.

— D. "Maximum valuation interest rates" means the interest rates defined in Section 31A-17-506, Computation of Minimum Standard by Calendar Year of Issue, that are to be used in determining the minimum standard for the valuation of life insurance policies.

— E. "1980 CSO valuation tables" means the Commissioners' 1980 Standard Ordinary Mortality Table, 1980 CSO Table, without ten-year selection factors, incorporated into the 1980 amendments to the NAIC Standard Valuation Law, and variations of the 1980 CSO Table approved by the NAIC, such as the smoker and nonsmoker versions approved in December 1983.

— F. "Scheduled gross premium" means the smallest illustrated gross premium at issue for other than universal life insurance policies. For universal life insurance policies, scheduled gross premium means the smallest specified premium described in Subsection 7A(3), if any, or else the minimum premium described in Subsection 7A(4).

— G.(1) "Segmented reserves" means reserves, calculated using segments produced by the contract segmentation method, equal to the present value of all future guaranteed benefits less the present value of all future net premiums to the mandatory expiration of a policy, where the net premiums within each segment are a uniform percentage of the respective gross premiums within the segment. The uniform percentage for each segment is such that, at the beginning of the segment, the present value of the net premiums within the segment equals:

— (a) the present value of the death benefits within the segment; plus

— (b) the present value of any unusual guaranteed cash value; see Subsection 6D, occurring at the end of the segment, less

— (c) any unusual guaranteed cash value occurring at the start of the segment, plus

— (d) for the first segment only, the excess of the Item (i) over Item (ii), as follows:

— (i) A net level annual premium equal to the present value, at the date of issue, of the benefits provided for in the first segment after the first policy year, divided by the present value, at the date of issue, of an annuity of one per year payable on the first and each subsequent anniversary within the first segment on which a premium falls due. However, the net level annual premium may not exceed the net level annual premium on the 19-year premium whole life plan of insurance of the same renewal year equivalent level amount at an age one-year higher than the age at issue of the policy.

— (ii) A net one-year term premium for the benefits provided for in the first policy year.

— (2) The length of each segment is determined by the "contract segmentation method," as defined in this section.

— (3) The interest rates used in the present value calculations for any policy may not exceed the maximum valuation interest rate, determined with a guarantee duration equal to the sum of the lengths of all segments of the policy.

— (4) For both basic reserves and deficiency reserves computed by the segmented method, present values must include future benefits and net premiums in the current segment and in all subsequent segments.

— H. "Tabular cost of insurance" means the net single premium at the beginning of a policy year for one-year term insurance in the amount of the guaranteed death benefit in that policy year.

— I. "Ten-year select factors" means the select factors adopted with the 1980 amendments to the NAIC Standard Valuation Law.

— J.(1) "Unitary reserves" means the present value of all future guaranteed benefits less the present value of all future modified net premiums, where:

— (a) guaranteed benefits and modified net premiums are considered to the mandatory expiration of the policy; and

— (b) modified net premiums are a uniform percentage of the respective guaranteed gross premiums, where the uniform percentage is such that, at issue, the present value of the net premiums equals the present value of all death benefits and pure endowments, plus the excess of Item (i) over Item (ii), as follows:

— (i) A net level annual premium equal to the present value, at the date of issue, of the benefits provided for after the first policy year, divided by the present value, at the date of issue, of an annuity of one per year payable on the first and each subsequent anniversary of the policy on which a premium falls due. However, the net level annual premium may not exceed the net level annual premium on the 19-year premium whole life plan of insurance of the same renewal year equivalent level amount at an age one-year higher than the age at issue of the policy.

— (ii) A net one-year term premium for the benefits provided for in the first policy year.

— (2) The interest rates used in the present value calculations for any policy may not exceed the maximum valuation interest rate, determined with a guarantee duration equal to the length from issue to the mandatory expiration of the policy.

— K. "Universal life insurance policy" means any individual life insurance policy under the provisions of which separately identified interest credits, other than in connection with dividend accumulations, premium deposit funds, or other supplementary accounts, and mortality or expense charges are made to the policy.

**R590-179-5. General Calculation Requirements for Basic Reserves and Premium Deficiency Reserves.**

— A. At the election of the company for any one or more specified plans of life insurance, the minimum mortality standard for basic reserves may be calculated using the 1980 CSO valuation tables with select mortality factors. If select mortality factors are elected, they may be:

— (1) the ten-year select mortality factors incorporated into the 1980 amendments to the NAIC Standard Valuation Law (see Rule R590-95);

— (2) 150% of the base select mortality factors that are included in the appendix to the National Association of Insurance Commissioner's (NAIC) Valuation of Life Insurance Policies Model Regulation (April 1995) which is incorporated by reference;

— (3) 150% of the base select mortality factors in the NAIC Appendix referred to in Subsection R590-179-5A.(2) for the first ten policy years; then linearly graded from the resulting tenth year factor to 100% at policy year 16; or

— (4) Any other table of select mortality factors adopted by the NAIC after the effective date of this rule and promulgated by rule by the commissioner for the purpose of calculating basic reserves.

— B.(1) Deficiency reserves, if any, are calculated for each policy as the excess, if greater than zero, of the quantity A over the basic reserve. The quantity A is obtained by recalculating the basic reserve for the policy using guaranteed gross premiums instead of net premiums when the guaranteed gross premiums are less than the corresponding net premiums. At the election of the company for any one or more specified plans of insurance, the quantity A and the corresponding net premiums used in the determination of quantity A may be based upon the 1980 CSO valuation tables with select mortality factors, or any other valuation mortality table adopted by the NAIC after the effective date of this rule and promulgated by rule by the commissioner. If select mortality factors are elected, they may be:

— (a) the ten-year select mortality factors incorporated into the 1980 amendments to the NAIC Standard Valuation Law;

— (b) 120% of the base select mortality factors that are included in the appendix to the National Association of Insurance Commissioner's (NAIC) Valuation of Life Insurance Policies Model Regulation (April 1995) which is incorporated by reference;

— (c) 120% of the base select mortality factors in the NAIC appendix referred to in Subsection R590-179-5B.(b) for the first ten policy years; then linearly graded from the resulting tenth year factor to 100% at policy year 16; or

— (d) any other table of select mortality factors adopted by the NAIC after the effective date of this rule and promulgated by rule by the commissioner for the purpose of calculating deficiency reserves.

— (2) Notwithstanding the above, if the length of the first segment as determined by the contract segmentation method for the basic reserves is not greater than five years, safe harbor, then for that length of time measured from issue, for either the unitary method or the contract segmentation method, gross premiums need not be substituted for net premiums even if the gross premiums are less than the net premiums. For subsequent periods, gross premiums must be substituted for net premiums if the gross premiums are less than the corresponding net premiums.

— (3) For any policies for which the company chooses to use the "safe harbor," the company must demonstrate annually to the satisfaction of the commissioner, by submitting a statement of actuarial opinion signed by the appointed actuary, that the reserves held for all such policies are adequate.

— C. In applying percentages to the base select mortality factors:

— (1) do not round any result; and

— (2) set equal to 100 any result that exceeds 100.

— D. This subsection applies to both basic reserves and deficiency reserves. Any set of base select mortality factors may be used only for the first segment. However, if the first segment is less than ten years, the appropriate ten-year select mortality factors may be used thereafter through the tenth policy year from the date of issue.

— E. In determining basic reserves or deficiency reserves, gross premiums without policy fees may be used where the calculation involves the gross premium but only if the policy fee is a level dollar amount for the entire premium-paying period of the policy. In determining deficiency reserves, policy fees may be included in gross premiums even if not included in the actual calculation of basic reserves.

**R590-179-6. Calculation of Minimum Valuation Standard for Policies with Guaranteed Non-level Premiums or Guaranteed Non-level Benefits, Other than Universal Life Policies.**

**A. Basic Reserves:**

Basic reserves shall be calculated as the greater of the segmented reserves and the unitary reserves. Both the segmented reserves and the unitary reserves for any policy must use the same valuation mortality table and selection factors. At the option of the insurer, in calculating segmented reserves and net premiums, either of the adjustments described in Subsection (1) or (2) below may be made:

(1)(a) treat the unitary reserve, if greater than zero, applicable at the end of each segment as a pure endowment; and

(b) subtract the unitary reserve, if greater than zero, applicable at the beginning of each segment from the present value of guaranteed life insurance and endowment benefits for each segment.

(2)(a) Treat the guaranteed cash surrender value, if greater than zero, applicable at the end of each segment as a pure endowment; and

(b) Subtract the guaranteed cash surrender value, if greater than zero, applicable at the beginning of each segment from the present value of guaranteed life insurance and endowment benefits for each segment.

**B. Deficiency Reserves:**

(1) The deficiency reserve at any duration shall be calculated:

(a) on a unitary basis if the corresponding basic reserve determined by Subsection A is unitary;

(b) on a segmented basis if the corresponding basic reserve determined by Subsection A is segmented; or

(c) on the segmented basis if the corresponding basic reserve determined by Subsection A is equal to both the segmented reserve and the unitary reserve.

(2) This subsection shall apply to any policy for which the guaranteed gross premium at any duration is less than the corresponding modified net premium calculated by the method used in determining the basic reserves, but using the minimum valuation standards of mortality, specified in Subsection 5B, and rate of interest.

(3) Deficiency reserves, if any, shall be calculated for each policy as the excess if greater than zero, for the current and all remaining periods, of the quantity A over the basic reserve, where A is obtained as indicated in Subsection 5B.

(4) For deficiency reserves determined on a segmented basis, the quantity A is determined using segment lengths equal to those determined for segmented basic reserves.

**C. Minimum Value:**

Basic reserves may not be less than the tabular cost of insurance for the balance of the policy year, if mean reserves are used. Basic reserves may not be less than the tabular cost of insurance for the balance of the current modal period or to the paid-to-date, if later, but not beyond the next policy anniversary, if mid-terminal reserves are used. The tabular cost of insurance must use the same valuation mortality table, select mortality factor and interest rates as that used for the calculation of both the segmented and the unitary reserves. In no case may total reserves, including basic reserves, deficiency reserves and any reserves held for supplemental benefits that would expire upon contract termination,

be less than the amount that the policyowner would receive, including the cash surrender value of the supplemental benefits, if any, referred to above, exclusive of any deduction for policy loans; upon termination of the policy.

**D. Unusual Pattern of Guaranteed Cash Surrender Values:**

(1) For any policy with an unusual pattern of guaranteed cash surrender values, the reserves actually held prior to the first unusual guaranteed cash surrender value may not be less than the reserves calculated by treating the first unusual guaranteed cash surrender value as a pure endowment and treating the policy as an n year policy providing term insurance plus a pure endowment equal to the unusual cash surrender value, where n is the number of years from the date of issue to the date the unusual cash surrender value is scheduled:

(2) The reserves actually held subsequent to any unusual guaranteed cash surrender value may not be less than the reserves calculated by treating the policy as an n year policy providing term insurance plus a pure endowment equal to the next unusual guaranteed cash surrender value, and treating any unusual guaranteed cash surrender value at the end of the prior segment as a net single premium, where

(a) n is the number of years from the date of the last unusual guaranteed cash surrender value prior to the valuation date to the earlier of:

(i) the date of the next unusual guaranteed cash surrender value, if any, that is scheduled after the valuation date; or

(ii) the mandatory expiration date of the policy; and

(b) the net premium for a given year during the n year period is equal to the product of the net to gross ratio and the respective gross premium; and

(c) the net to gross ratio is equal to (i) divided by (ii) as follows:

(i) The present value, at the beginning of the n year period, of death benefits payable during the n year period plus the present value, at the beginning of the n year period, of the next unusual guaranteed cash surrender value, if any, minus the amount of the last unusual guaranteed cash surrender value, if any, scheduled at the beginning of the n year period.

(ii) The present value, at the beginning of the n year period, of the scheduled gross premiums payable during the n year period.

(3) For purposes of this Section 6D, a policy is considered to have an unusual pattern of guaranteed cash surrender values if any future guaranteed cash surrender value exceeds the prior year's guaranteed cash surrender value by more than the sum of:

(a) 110% of the scheduled gross premium for that year;

(b) 110% of one year's accrued interest on the sum of the prior year's guaranteed cash surrender value and the scheduled gross premium using the nonforfeiture interest rate used for calculating policy guaranteed cash surrender values; and

(c) 5% of the first policy year surrender charge, if any.

**E. Optional Exemption for Yearly Renewable Term Reinsurance (YRT):**

At the option of the company, the following approach for reserves on YRT reinsurance may be used:

(1) Calculate the valuation net premium for each future policy year as the tabular cost of insurance for that future year.

(2) Basic reserves shall never be less than the tabular cost of insurance for the appropriate period, as defined in Subsection 6C.

(3) Deficiency reserves:



— (a) For each policy year, calculate the excess, if greater than zero, of the valuation net premium over the respective maximum guaranteed gross premium.

— (b) Deficiency reserves may never be less than the sum of the present values, at the date of valuation, of the excesses determined in accordance with Subsection (a) above.

— (4) For purposes of this Subsection 6E, the calculations use the maximum valuation interest rate and the 1980 CSO mortality tables with or without ten-year select mortality factors, or any other table adopted after the effective date of this rule by the NAIC and promulgated by rule by the commissioner for this purpose.

— (5) A reinsurance agreement shall be considered YRT reinsurance for purposes of this subsection if:

— (a) the reinsurance premium rates, on both the initial current premium scale and the guaranteed maximum premium scale, for any given year are independent of both the premium rates and the plan of the original policy; and

— (b) only the mortality risk is reinsured.

— F. Optional Exemption for Attained-Age-Based Yearly Renewable Term Life Insurance Policies:

— At the option of the company, the following approach for reserves for attained-age-based YRT life insurance policies may be used:

— (1) Calculate the valuation net premium for each future policy year as the tabular cost of insurance for that future year.

— (2) Basic reserves may never be less than the tabular cost of insurance for the appropriate period, as defined in Subsection 6C.

— (3) Deficiency reserves:

— (a) For each policy year, calculate the excess, if greater than zero, of the valuation net premium over the respective maximum guaranteed gross premium:

— (b) Deficiency reserves may never be less than the sum of the present values, at the date of valuation, of the excesses determined in accordance with Subsection (a) above.

— (4) For purposes of this subsection, the calculations use the maximum valuation interest rate and the 1980 CSO valuation tables with or without ten-year select mortality factors, or any other table adopted after the effective date of this rule by the NAIC and promulgated by rule by the commissioner for this purpose.

— (5) A policy shall be considered an attained-age-based YRT life insurance policy for purposes of this subsection if:

— (a) the premium rates, on both the initial current premium scale and the guaranteed maximum premium scale, are based upon the attained age of the insured such that the rate for any given policy at a given attained age of the insured is independent of the year the policy was issued; and

— (b) the premium rates, on both the initial current premium scale and the guaranteed maximum premium scale, are the same as the premium rates for policies covering all insureds of the same sex, risk class, plan of insurance and attained age.

— (6) For policies that become attained-age-based YRT policies after an initial period of coverage, the approach of this subsection may be used after the initial period if:

— (a) the initial period is constant for all insureds of the same sex, risk class and plan of insurance; or

— (b) the initial period runs to a common attained age for all insureds of the same sex, risk class and plan of insurance; and

— (c) after the initial period of coverage, the policy meets the conditions of Subsection (5) above.

— (7) If this election is made, this approach must be applied in determining reserves for all attained-age-based YRT life insurance policies issued on or after the effective date of this rule.

— G. Exemption from Unitary Reserves for Certain n-Year Renewable Term Life Insurance Policies

— Unitary basic reserves and unitary deficiency reserves need not be calculated for a policy if the following conditions are met:

— (1) the policy consists of a series of n-year periods, including the first period and all renewal periods, where n is the same for each period, and for each n-year period, the premium rates on both the initial current premium scale and the guaranteed maximum premium scale are level;

— (2) the guaranteed gross premiums in all n-year periods are not less than the corresponding net premiums based upon the 1980 CSO Table with or without the ten-year select mortality factors; and

— (3) there are no cash surrender value in any policy year.

— H. Exemption from Unitary Reserves for Certain Juvenile Policies:

— Unitary basic reserves and unitary deficiency reserves need not be calculated for a policy if the following conditions are met, based upon the initial current premium scale at issue:

— (1) at issue, the insured is age 24 or younger;

— (2) until the insured reaches the end of the juvenile period, which must occur at or before age 25, the gross premiums and death benefits are level, and there are no cash surrender values; and

— (3) after the end of the juvenile period, gross premiums are level for the remainder of the premium paying period, and death benefits are level for the remainder of the life of the policy.

**R590-179-7. Calculation of Minimum Valuation Standard for Flexible Premium and Fixed Premium Universal Life Insurance Policies That Contain Provisions Resulting in the Ability of a Policyowner to Keep a Policy in Force Over a Secondary Guarantee Period of More Than Five Years.**

— A. General:

— (1) Policies with a secondary guarantee include:

— (a) a policy with a guarantee that the policy will remain in force at the original schedule of benefits over a period exceeding five years, subject only to the payment of specified premiums;

— (b) a policy in which the minimum premium at any future duration beyond the end of the fifth policy year is less than the corresponding one-year valuation premium, calculated using the maximum valuation interest rate and the 1980 CSO valuation tables with or without ten-year select mortality factors, or any other table adopted after the effective date of this rule by the NAIC and promulgated by rule by the commissioner for this purpose; or

— (c) a policy with any combination of (a) and (b);

— (2) A secondary guarantee period is the longest period for which the policy is guaranteed to remain in force subject only to a secondary guarantee. Secondary guarantees that are unilaterally extended by the insurer after issue shall be considered to have been made at issue. Reserves described in Subsections B and C below must be recalculated from issue to reflect the extensions.

— (3) Specified premiums mean the premiums specified in the policy, the payment of which guarantees that the policy will remain in force at the original schedule of benefits, but which otherwise would be insufficient to keep the policy in force in the absence of the guarantee if maximum mortality and expense charges and

minimum interest credits were made and any applicable surrender charges were assessed:

—(4) For purposes of this section, the minimum premium for any policy year is the premium that, when paid into a policy with a zero account value at the beginning of the policy year, produces a zero account value at the end of the policy year. The minimum premium calculation must use the policy cost factors, including mortality charges, loads and expense charges, and the interest crediting rate, which are all guaranteed at issue.

—(5) The one-year valuation premium means the net one-year premium based upon the original schedule of benefits for a given policy year. The one-year valuation premiums for all policy years are calculated at issue. The select mortality factors defined in Subsections 5A(2), 5A(3), 5A(4), 5B(2), 5B(3), and 5B(4) may not be used to calculate the one-year valuation premiums.

—B. Basic Reserves for the Secondary Guarantees:  
Basic reserves for the secondary guarantees shall be the segmented reserves for the secondary guarantee period. In calculating the segments and the segmented reserves, the gross premiums shall be set equal to the specified premiums, if any, or otherwise to the minimum premiums, that keep the policy in force and the segments will be determined according to the contract segmentation method as defined in Subsection 4C.

—C. Deficiency Reserves for the Secondary Guarantees:  
Deficiency reserves, if any, for the secondary guarantees shall be calculated for the secondary guarantee period in the same manner as described in Subsection 6B with gross premiums set equal to the specified premiums, if any, or otherwise to the minimum premiums that keep the policy in force.

—D. Minimum Reserves:  
The minimum reserves during the secondary guarantee period are the greater of:  
—(1) the basic reserves for the secondary guarantee plus the deficiency reserve, if any, for the secondary guarantees; or  
—(2) the minimum reserves required by other rules or rules governing universal life plans.

**KEY: insurance**  
**February 24, 1997** **31A-17-402**  
**31A-17-512]**



Regents (Board of), Administration  
**R765-610**

Utah Higher Education Assistance  
Authority Federal Family Education  
Loan Program, PLUS, SLS and Loan  
Consolidation Programs

**NOTICE OF PROPOSED RULE**  
(Amendment)  
DAR FILE NO.: 22358  
FILED: 09/03/1999, 11:29  
RECEIVED BY: NL

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: 1999 Update to the "Common Manual, Unified Student Loan Policy."

SUMMARY OF THE RULE OR CHANGE: Updates to Chapter 2, "About the FFELP"; Chapter 3, "Lender Participation"; Chapter 4, "School Participation"; Chapter 5, "Borrower Eligibility and Loan Certification"; Chapter 6, "Guarantee, Disbursement, and Delivery"; Chapter 7, "Loan Servicing"; Chapter 8, "Delinquency, Default and Claims"; Chapter 9, "Consolidation Loans"; and Appendix A, Appendix F, Appendix H, and Appendix G, as outlined in the "Summary of Policy Changes," included with the updated manual.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 53B-12-101(6)

FEDERAL REQUIREMENT FOR THIS RULE: Pub. L. No. 102-325 (Higher Education Act)

THIS RULE OR CHANGE INCORPORATES BY REFERENCE THE FOLLOWING MATERIAL: "Common Manual, Unified Student Loan Policy," 1999

ANTICIPATED COST OR SAVINGS TO:

❖THE STATE BUDGET: None--there are no appropriated state funds involved in student loan programs. There are no procedural changes or increase in workload due to this change.

❖LOCAL GOVERNMENTS: None--local governments are not involved in student loan programs. There are no procedural changes or increase in workload due to this change.

❖OTHER PERSONS: There may be indeterminate cost savings due to simplification of student loan policies. There are no procedural changes or increase in workload due to this change.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Updated rule does not add any new compliance costs.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The "Common Manual" policies updated and incorporated by this rule merely reflect federal regulations regarding student loan programs.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Regents (Board of)  
Administration  
Suite 550, 3 Triad Center  
355 West North Temple  
PO Box 45202  
Salt Lake City, UT 84180-1205, or  
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

Cathryn Judd at the above address, by phone at (801) 321-7249, by FAX at (801) 321-7299, or by Internet E-mail at cjudd@utahsbr.edu.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

AUTHORIZED BY: Chalmers Gail Norris, Associate Commissioner

**R765. Regents (Board of), Administration.  
R765-610. Utah Higher Education Assistance Authority Federal Family Education Loan Program, PLUS, SLS and Loan Consolidation Programs.**

**R765-610-1. Purpose.**

To incorporate by reference all statutes, regulations and rules governing the Federal Family Education Loan Program, PLUS, SLS and Loan Consolidation programs.

**R765-610-2. References.**

- 2.1 Utah Code. Title 53B, Utah System of Higher Education, Chapter 12.
- 2.2 U.S. Congress, Title IV of the Higher Education Act of 1965, as amended.
- 2.3 U.S. Department of Education. Code of Federal Regulations, 34 CFR Parts 600, 668 and 682.
- 2.4 "Common Manual, Unified Student Loan Policy" published by Common Manual Guarantors, 199[8]9.

**R765-610-3. Definitions.**

- 3.1 "UHEAA" means Utah Higher Education Assistance Authority.
- 3.2 "SLS" means Federal Supplemental Loans for Students Program.
- 3.3 "PLUS" means Federal PLUS Program.
- 3.4 "FFELP" means the Federal Family Education Loan Program. This consists of the Federal Subsidized Stafford Loan Program, the Federal Unsubsidized Stafford Loan Program, the Federal PLUS Program, the Federal Supplemental Loans for Students Program (SLS), and the Federal Loan Consolidation Program.

**R765-610-4. Incorporation by Reference.**

- 4.1 UHEAA, as the designated guarantor for the FFELP in the state of Utah, hereby incorporates by reference the following documents:
  - 4.1.1 Title IV of the U.S. Higher Education Act of 1965, as amended.
  - 4.1.2 U.S. Department of Education 34 CFR Parts 600, 668, and 682.
  - 4.1.3 "Common Manual, Unified Student Loan Policy", published by Common Manual Guarantors, 199[8]9.

**R765-610-5. Policy.**

- 5.1 Any action taken by UHEAA in accordance with UHEAA policies shall be performed by the Executive Director of UHEAA, or the Executive Director's designee.
- 5.2 UHEAA shall establish, from time to time, additional policies governing the operation of FFELP in accordance with

requirements as referenced in 4.1.1, 4.1.2 and 4.1.3 of this rule. Such policies will be filed as rules in the Utah Administrative Code in accordance with the Administrative Rulemaking Act of this state as found in Title 63, Chapter 46a of the Utah Code.

5.3 Students and parents who are eligible for loans contemplated by this rule, and who wish to apply, shall be expected to comply with these rules. A copy of all federal statutes and regulations, and state rules, directly affecting FFELP, and a copy of the "Common Manual, Unified Student Loan Policy", are available for public inspection, or can be obtained from UHEAA's offices at 355 West North Temple, 3 Triad Center, Suite 550, Salt Lake City, Utah 84180.

**KEY: higher education, student loans\***  
**[October 26, 1998]1999** **53B-12-101(6)**  
**Notice of Continuation July 15, 1997**

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**Regents (Board of), Administration**  
**R765-648**  
**Lender Record Retention**

**NOTICE OF PROPOSED RULE**

(Repeal)

DAR FILE NO.: 22359

FILED: 09/03/1999, 11:29

RECEIVED BY: NL

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** This rule is being repealed because it is no longer necessary. This issue is now covered by the information contained in the "Common Manual, Unified Student Loan Policy," which is incorporated by reference in Rule R765-610.  
**(DAR Note:** The proposed amendment to R765-610 is under DAR No. 22358 in this *Bulletin*.)

**SUMMARY OF THE RULE OR CHANGE:** This rule is repealed in its entirety.

**STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Subsection 53B-12-101(6)  
**FEDERAL REQUIREMENT FOR THIS RULE:** Pub. L. No. 102-325 (Higher Education Act)

**ANTICIPATED COST OR SAVINGS TO:**

❖**THE STATE BUDGET:** None--there are no appropriated state funds involved in student loan programs. There are no procedural changes or increase in workload due to this change.

❖**LOCAL GOVERNMENTS:** None--local governments are not involved in student loan programs. There are no procedural changes or increase in workload due to this change.

❖**OTHER PERSONS:** There may be indeterminate cost savings due to simplification of student loan policies. There are no

procedural changes or increase in workload due to this change.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The repeal of this rule does not add any new compliance costs.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The repeal of this rule has no fiscal impact.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Regents (Board of)  
Administration  
Suite 550, 3 Triad Center  
355 West North Temple  
PO Box 45202  
Salt Lake City, UT 84180-1205, or  
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

Cathryn Judd at the above address, by phone at (801) 321-7249, by FAX at (801) 321-7299, or by Internet E-mail at cjudd@utahsbr.edu.

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON 11/01/1999.

THIS RULE MAY BECOME EFFECTIVE ON: 11/02/1999

**End of the Notices of Proposed Rules Section**

AUTHORIZED BY: Chalmers Gail Norris, Associate Commissioner

**R765. Regents (Board of), Administration.**

~~[R765-648. Lender Record Retention:~~

~~R765-648-1. Purpose:~~

~~— To establish lender record retention requirements in conformity with federal regulations.~~

~~R765-648-2. References:~~

~~— 2.1. Utah Code Annotated Title 53B, Chapter 12:~~

~~— 2.2. 34 Code of Federal Regulations Part 682.414(a) published by the U.S. Department of Education December 18, 1992.~~

~~R765-648-3. Policy:~~

~~— 3.1. UHEAA adopts and incorporates by reference the lender record retention requirements established by 34 CFR Part 682.414.3.2. In the event the lender violates the record retention requirements, UHEAA may take corrective action that is deemed necessary.~~

~~KEY: higher education, student loans\*~~

~~July 11, 1995] 53B-12-101(6)  
Notice of Continuation 1995]~~

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# FIVE-YEAR NOTICES OF REVIEW AND STATEMENTS OF CONTINUATION

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Within five years of an administrative rule's original enactment or last five-year review, the responsible agency is required to review the rule. This review is designed to remove obsolete rules from the *Utah Administrative Code*.

Upon reviewing a rule, an agency may: repeal the rule by filing a PROPOSED RULE; continue the rule as it is by filing a NOTICE OF REVIEW AND STATEMENT OF CONTINUATION (NOTICE); or amend the rule by filing a PROPOSED RULE and by filing a NOTICE. By filing a NOTICE, the agency indicates that the rule is still necessary.

NOTICES are not followed by the rule text. The rule text that is being continued may be found in the most recent edition of the *Utah Administrative Code*. The rule text may also be inspected at the agency or the Division of Administrative Rules. NOTICES are effective when filed. NOTICES are governed by *Utah Code* Section 63-46a-9 (1996).

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## Environmental Quality, Air Quality **R307-215** Emission Standards: Acid Rain Requirements

### FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 22364  
FILED: 09/08/1999, 17:47  
RECEIVED BY: NL

### NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Subsection 19-2-104(3)(q) allows the Air Quality Board to "meet the requirements of federal air pollution laws."

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE-YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No comments have been received since the rule became effective.

REASONED JUSTIFICATION FOR CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Rule R307-215 incorporates by reference 40 CFR Part 76, which sets emission standards for certain sources of air pollution under the acid rain provisions of Title IV of the Clean Air Act. The rule became effective on September 4, 1997, as Section R307-16-2 and was renumbered to Rule R307-215 on September 15, 1998. At the time the rule was adopted, affected sources asked the state to incorporate the federal provisions by reference so that the emission limits could be included and enforced in operating permits issued by the state. This has the benefit of putting all air quality requirements into one permit and allows state enforcement rather than federal enforcement for all provisions.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Environmental Quality  
Air Quality  
150 North 1950 West  
PO Box 144820  
Salt Lake City, UT 84114-4820, or  
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:  
Jan Miller at the above address, by phone at (801) 536-4042, by FAX at (801) 536-0099, or Internet E-mail at [jmiller@deq.state.ut.us](mailto:jmiller@deq.state.ut.us).

AUTHORIZED BY: Rick Sprott, Planning Branch Manager

EFFECTIVE: 09/08/1999



## Health, Health Care Financing, Coverage and Reimbursement Policy **R414-501** Preadmission and Continued Stay Review

### FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 22381  
FILED: 09/15/1999, 09:07  
RECEIVED BY: NL

### NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 26-18-2.1 creates the Division, which shall be responsible for implementing, organizing, and maintaining the Medicaid

program. Section 26-1-5 notes that the Department shall have the power to adopt, amend, or rescind rules necessary to carry out the provisions of this title.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE-YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: Review by Division and Bureaus recommends continuation of this rule. Future amendments will be addressed as the need arises. No other comments were received.

REASONED JUSTIFICATION FOR CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule must be continued because it establishes guidelines for evaluations of each resident's need for admission and continued stay in a nursing facility. It establishes procedural safeguards and requirements that apply to an identified group of individuals. The rule establishes the right to the service as well as limitations on the service. It must be maintained to continue the service. No opposing comments were received.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Health  
Health Care Financing,  
Coverage and Reimbursement Policy  
Cannon Health Building  
288 North 1460 West  
PO Box 143102  
Salt Lake City, UT 84114-3102, or  
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:  
Carolyn Reese at the above address, by phone at (801) 538-6599, by FAX at (801) 538-6163, or Internet E-mail at creese@email.state.ut.us.

AUTHORIZED BY: Rod L. Betit, Executive Director

EFFECTIVE: 09/15/1999



Health, Health Care Financing,  
Coverage and Reimbursement Policy  
**R414-502**  
Nursing Facility Levels of Care

**FIVE-YEAR NOTICE OF REVIEW AND  
STATEMENT OF CONTINUATION**  
DAR FILE NO.: 22382  
FILED: 09/15/1999, 09:07  
RECEIVED BY: NL

**NOTICE OF REVIEW AND  
STATEMENT OF CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 26-18-2.1 creates the Division, which shall be responsible for implementing, organizing, and maintaining the Medicaid program. Section 26-1-5 notes that the Department shall have the power to adopt, amend, or rescind rules necessary to carry out the provisions of this title.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE-YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: Review by Division and Bureaus recommends continuation of this rule. Future amendments will be addressed as the need arises. No other comments were received.

REASONED JUSTIFICATION FOR CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule must be continued because it establishes guidelines for determining the levels of care provided in nursing facilities. It establishes procedural safeguards and requirements that apply to an identified group of individuals. The rule establishes the right to the service as well as limitations on the service. It must be maintained to continue the service. No opposing comments were received.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Health  
Health Care Financing,  
Coverage and Reimbursement Policy  
Cannon Health Building  
288 North 1460 West  
PO Box 143102  
Salt Lake City, UT 84114-3102, or  
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:  
Carolyn Reese at the above address, by phone at (801) 538-6599, by FAX at (801) 538-6163, or Internet E-mail at creese@email.state.ut.us.

AUTHORIZED BY: Rod L. Betit, Executive Director

EFFECTIVE: 09/15/1999



Health, Health Care Financing,  
Coverage and Reimbursement Policy  
**R414-503**  
Preadmission Screening and Annual  
Resident Review

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION**

DAR FILE No.: 22383  
FILED: 09/15/1999, 09:07  
RECEIVED BY: NL

**NOTICE OF REVIEW AND STATEMENT OF CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 16-18-2.1 creates the Division, which shall be responsible for implementing, organizing, and maintaining the Medicaid program. Section 26-1-5 notes that the Department shall have the power to adopt, amend, or rescind rules necessary to carry out the provisions of this title.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE-YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: Review by Division and Bureaus recommends continuation of this rule. Future amendments will be addressed as the need arises. No other comments were received.

REASONED JUSTIFICATION FOR CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule must be continued because it establishes guidelines for preadmission screening and annual resident review. It establishes procedural safeguards and requirements that apply to an identified group of individuals. The rule establishes the right to the service as well as limitations on the service. It must be maintained to continue the service. No opposing comments were received.

**End of the Five-Year Notices of Review and Statements of Continuation Section**

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:

Health  
Health Care Financing,  
Coverage and Reimbursement Policy  
Cannon Health Building  
288 North 1460 West  
PO Box 143102  
Salt Lake City, UT 84114-3102, or  
at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:  
Carolyn Reese at the above address, by phone at (801) 538-6599, by FAX at (801) 538-6163, or Internet E-mail at creese@email.state.ut.us.

AUTHORIZED BY: Rod L. Betit, Executive Director

EFFECTIVE: 09/15/1999



## NOTICES OF RULE EFFECTIVE DATES

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These are the effective dates of PROPOSED RULES or CHANGES IN PROPOSED RULES published in earlier editions of the *Utah State Bulletin*. These effective dates are at least 31 days and not more than 120 days after the date the following rules were published.

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### Abbreviations

AMD = Amendment

CPR = Change in Proposed Rule

NEW = New Rule

R&R = Repeal and Reenact

REP = Repeal

### Education

#### Administration

No. 22205 (NEW): R277-451. The State School Building Program.

Published: August 15, 1999

Effective: September 15, 1999

No. 22206 (NEW): R277-521. Professional Specialist Licensing.

Published: August 15, 1999

Effective: September 15, 1999

No. 22207 (AMD): R277-600. Student Transportation Standards and Procedures.

Published: August 15, 1999

Effective: September 15, 1999

No. 22208 (REP): R277-710. Accelerated Learning Programs.

Published: August 15, 1999

Effective: September 15, 1999

No. 22209 (AMD): R277-907. ATC/ATCSR Membership Hour Accounting.

Published: August 15, 1999

Effective: September 15, 1999

**End of the Notices of Rule Effective Dates Section**

### Environmental Quality

#### Drinking Water

No. 22204 (AMD): R309-352. Drinking Water Capacity Development Funding.

Published: August 15, 1999

Effective: September 15, 1999

### Natural Resources

#### Wildlife Resources

**DAR correction notice:** In the September 15, 1999, *Bulletin*, an effective notice for an amendment on R657-6 was published under DAR No. 22186. The correct DAR No. is 22168. The notice should have been:

No. 22168 (AMD): R657-6. Taking Upland Game.

Published: July 15, 1999

Effective: August 17, 1999



# RULES INDEX BY AGENCY (CODE NUMBER) AND BY KEYWORD (SUBJECT)

The *Rules Index* is a cumulative index that reflects all effective changes to Utah's administrative rules. The current *Index* lists changes made effective from January 2, 1999, including notices of effective date received through September 15, 1999, the effective dates of which are no later than October 1, 1999. The *Rules Index* is published in the *Utah State Bulletin* and in the annual *Index of Changes*. Nonsubstantive changes, while not published in the *Bulletin*, do become part of the *Utah Administrative Code (Code)* and are included in this *Index*, as well as 120-Day (Emergency) rules that do not become part of the *Code*. The rules are indexed by Agency (Code Number) and Keyword (Subject).

A copy of the *Rules Index* is available for public inspection at the Division of Administrative Rules (4120 State Office Building, Salt Lake City, UT), or may be viewed online at the Division's web site (<http://www.rules.state.ut.us/>).

## RULES INDEX - BY AGENCY (CODE NUMBER)

### ABBREVIATIONS

AMD = Amendment	NSC = Nonsubstantive rule change
CPR = Change in proposed rule	REP = Repeal
EMR = Emergency rule (120 day)	R&R = Repeal and reenact
NEW = New rule	* = Text too long to print in <i>Bulletin</i> , or repealed text not printed in <i>Bulletin</i>
5YR = Five-Year Review	
EXD = Expired	

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R23-3	Authorization of Programs for Capital Development Projects	22103	NEW	08/09/99	99-13/7
R23-29	Across the Board Delegation	22041	5YR	05/11/99	99-11/75
<u>Finance</u>					
R25-5	Payment of Per Diem to Boards	21887	NSC	03/05/99	Not Printed
R25-5	Payment of Per Diem to Boards	22049	AMD	07/13/99	99-11/14
R25-7	Travel-Related Reimbursements for State Employees	21888	NSC	03/05/99	Not Printed
R25-7	Travel-Related Reimbursements for State Employees	22050	AMD	see CPR	99-11/15
R25-7	Travel-Related Reimbursements for State Employees	22050	CPR	09/01/99	99-15/55
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R35-3	Prehearing Conferences	22070	NEW	07/16/99	99-12/7
R35-4	Compliance with State Records Committee Decisions and Orders	22071	NEW	07/16/99	99-12/8
R35-5	Subpoenas Issued by the Records Committee	22072	NEW	07/16/99	99-12/9
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R68-15	Quarantine Pertaining to Japanese Beetle, (Popillia Japonica)	21808	AMD	03/18/99	99-4/7
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R70-630	Water Vending Machine	22057	AMD	07/06/99	99-11/19
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<u>Consumer Protection</u>					
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R156-24a	Physical Therapist Practice Act Rules	21716	AMD	see CPR	98-24/11
R156-24a	Physical Therapist Practice Act Rules	21716	CPR	03/09/99	99-3/56
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R156-28	Veterinary Practice Act Rules	21753	AMD	02/18/99	99-2/3
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R156-56	Utah Uniform Building Standard Act Rules	22009	AMD	see CPR	99-10/19
R156-56	Utah Uniform Building Standard Act Rules	22009	CPR	08/05/99	99-13/28
R156-56	Utah Uniform Building Standard Act Rules	22010	AMD	see CPR	99-10/21
R156-56	Utah Uniform Building Standard Act Rules	22010	CPR	08/05/99	99-13/29
R156-60a	Social Worker Licensing Act Rules	22085	AMD	07/19/99	99-12/12
R156-61	Psychologist Licensing Act Rules	22201	5YR	07/22/99	99-16/51
R156-61-302a	Qualifications for Licensure - Education Requirements	22102	AMD	08/05/99	99-13/12
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R156-62-302	Qualifications for Registration	21971	NSC	05/01/99	Not Printed
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R162-101-2	Definitions	22060	AMD	07/16/99	99-12/25
R162-102	Licensing Procedures	22001	EMR	05/03/99	99-10/91
R162-102	Licensing Procedures	21915	AMD	06/10/99	99-7/5
R162-102	Licensing Procedures	22061	AMD	07/16/99	99-12/27
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R162-103	Appraisal Education Requirements for Prelicense and Continuing Education Course, School and Instructor Certification	22062	AMD	07/16/99	99-12/29
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R162-105	Scope of Authority	22064	NEW	07/16/99	99-12/36
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R251-105	Applicant Qualifications for Employment with Department of Corrections	21829	AMD	03/29/99	99-4/15
R251-105	Applicant Qualifications for Employment with Department of Corrections	21925	NSC	03/29/99	Not Printed
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R277-458	70% Utilization of School Buildings	22025	REP	06/15/99	99-10/30
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R277-521	Professional Specialist Licensing	22206	NEW	09/15/99	99-16/10
R277-600	Student Transportation Standards and Procedures	22207	AMD	09/15/99	99-16/12
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R277-609	Standards for School District Discipline Plans	22313	5YR	08/13/99	99-17/128
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R277-734	Standards and Procedures for Adult Education Section 353 Funds	21898	5YR	02/26/99	99-6/30
R277-735	Standards and Procedures for Corrections Education Programs Serving Inmates of the Utah Department of Corrections	21678	NEW	01/05/99	98-23/6
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R277-800	Administration of the Utah School for the Deaf and the Utah School for the Blind	22314	5YR	08/13/99	99-17/128
R277-907	ATC/ATC-SR Membership Hour Accounting	22209	AMD	09/15/99	99-16/17
R277-916	Technology, Life, and Careers, and Work-Based Learning Programs	22100	NEW	07/19/99	99-12/46
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R307-101-2	Definitions	21851	AMD	05/06/99	99-5/9
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R307-150	Emission Inventories	21591	CPR	03/04/99	99-3/57
R307-155	Emission Inventories	21592	REP	03/04/99	99-22/60
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R307-155	Hazardous Air Pollutant Inventory	21593	CPR	03/04/99	99-3/59
R307-158	Emission Statement Inventory	21594	NEW	see CPR	98-22/64
R307-158	Emission Statement Inventory	21594	CPR	03/04/99	99-3/60
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R307-215-1	Part 76 Requirements	22345	NSC	09/01/99	Not Printed
R307-220-3	Section II, Hospital< Medical, Infectious Waste Incinerators	22363	NSC	09/22/99	Not Printed
R307-221	Emission Standards: Emission Controls for Existing Municipal Solid Waste Landfills	21595	AMD	01/07/99	98-22/66
R307-221	Emission Controls for Existing Municipal Solid Waste Landfills	21850	NSC	02/27/99	Not Printed
R307-302-2	No-Burn Periods for PM10	21570	AMD	01/07/99	98-22/67
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R307-309	Davis, Salt Lake, and Utah Counties, Ogden City and Any Nonattainment Area for PM10: Fugitive Emissions and Fugitive Dust	21698	CPR	05/04/99	99-7/46
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R307-342	Davis and Salt Lake Counties and Ozone Nonattainment Areas: Qualification of Contractors, Test Procedures for Testing of Vapor Recovery Systems for Gasoline Delivery Tanks	21950	AMD	07/15/99	99-9/21
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R307-343	Davis and Salt Lake Counties and Ozone Nonattainment Areas: Emission Standards for Wood Furniture Manufacturing Operations	21727	CPR	06/02/99	99-9/95
R307-403	Permits: New and Modified Sources in Nonattainment Areas and Maintenance Areas	21852	AMD	05/06/99	99-5/16
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R307-415	Permits: Operating Permit Requirements	22045	AMD	07/15/99	99-11/26
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R307-417	Permits: Acid Rain Sources	21735	AMD	03/05/99	99-1/3
R307-417	Permits: Acid Rain Sources	21910	5YR	03/05/99	99-7/55
R307-417-1	Part 72 Requirements	22042	NSC	06/01/99	Not Printed
R307-420	Permits: Ozone Offset Requirements in Davis and Salt Lake Counties	21853	NEW	05/06/99	99-5/18

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R309-113	Drinking Water Source Protection	21554	AMD	01/15/99	98-21/20
R309-352	Drinking Water Capacity Development Funding	22204	AMD	09/15/99	99-16/18

Environmental Response and Remediation

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R313-16	General Requirements Applicable to the Installation, Registration, Inspection, and Use of Radiation Machines	22077	AMD	08/13/99	99-12/55
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R313-21	General Licenses	21805	5YR	01/25/99	99-4/65
R313-28	Use of X-Rays in the Healing Arts	21682	AMD	03/12/99	98-24/46
R313-28	Use of X-Rays in the Healing Arts	22078	AMD	08/13/99	99-12/57
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R313-30	Therapeutic Radiation Machines	22079	AMD	08/13/99	99-12/64
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R313-38	Radiation Safety Requirements for Wireline Service Operation and Subsurface Tracer Studies	21807	5YR	01/25/99	99-4/66
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R315-2	General Requirements - Identification and Listing of Hazardous Waste	21459	CPR	02/15/99	99-1/28
R315-2	General Requirements - Identification and Listing of Hazardous Waste	21953	AMD	06/15/99	99-9/33
R315-2-2	Definition of Solid Waste	21856	AMD	04/15/99	99-5/20
R315-3	Application and Plan Approval Procedures for Hazardous Waste Treatment, Storage, and Disposal Facilities	21954	AMD	06/15/99	99-9/44
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R315-5-10	Accumulation Time	21955	AMD	06/15/99	99-9/55
R315-7	Interim Status Requirements for Hazardous Waste Treatment, Storage, and Disposal Facilities	21956	AMD	06/15/99	99-9/56
R315-8	Standards for Owners and Operators of Hazardous Treatment, Storage, and Disposal Facilities	21957	AMD	06/15/99	99-9/61
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R315-13-1	Land Disposal Restrictions	21959	AMD	06/15/99	99-9/71
R315-14	Standards for the Management of Specific Hazardous Wastes and Specific Types of Hazardous Waste Management Facilities	21960	AMD	06/15/99	99-9/72
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R315-301-2	Definitions	21783	AMD	03/15/99	99-3/10
R315-303	Landfilling Standards	21784	AMD	see CPR	99-3/14
R315-303	Landfilling Standards	21784	CPR	05/05/99	99-7/78
R315-304	Industrial Solid Waste Landfill Requirements	21439	AMD	see CPR	98-19/50
R315-304	Industrial Solid Waste Landfill Requirements	21439	CPR	01/05/99	98-23/45
R315-304-1	Applicability	21772	NSC	01/05/99	Not Printed
R315-305-5	Requirements for Operation	21785	AMD	03/15/99	99-3/18
R315-315-6	PCB Containing Waste	21786	AMD	03/15/99	99-3/19
R315-315-6	PCB Containing Waste	21919	NSC	03/15/99	Not Printed
R315-317	Other Processes, Variances, and Violations	21787	AMD	03/15/99	99-3/20
R315-318	Permit by Rule	21788	AMD	see CPR	99-3/22
R315-318	Permit by Rule	21788	CPR	05/05/99	99-7/50
R315-320	Waste Tire Transporter and Recycler Requirements	21920	5YR	03/12/99	99-7/55
<u>Water Quality</u>					
R317-10	Certification of Wastewater Works Operators	21449	AMD	see CPR	98-19/70
R317-10	Certification of Wastewater Works Operators	21449	CPR	02/04/99	99-1/35
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R325-1	Utah State Fair Competitive Exhibitor Rules	22114	AMD	08/19/99	99-14/28
R325-2	Utah State Fair Commercial Exhibitor Rules	21873	AMD	04/05/99	99-5/23
R325-2	Utah State Fair Commercial Exhibitor Rules	22115	AMD	08/19/99	99-14/30
R325-3	Utah State Fair Patron Rules	21874	AMD	04/05/99	99-5/24
R325-3	Utah State Fair Patron Rules	22116	AMD	08/19/99	99-14/31
R325-4	Interim Patrons Rules (Other Than Utah State Fair)	21875	AMD	04/05/99	99-5/25
R325-5	Interim Renters Rules (Other Than Utah State Fair)	21876	AMD	04/05/99	99-5/26
R325-5	Interim Renters Rules (Other Than Utah State Fair)	22118	AMD	08/19/99	99-14/
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R382-10	Eligibility	21843	NSC	02/27/99	Not Printed
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R384-100	Cancer Reporting Rule	21849	NEW	see CPR	99-5/27
R384-100	Cancer Reporting Rule	21849	CPR	08/16/99	99-13/34



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R410-14	Division of Health Care Financing Administrative Hearing Procedures for Medicaid/UMAP Applicants, Recipients and Providers, and Non-Medicaid/UMAP Nursing Home Residents as per "OBRA" Preadmission Screening and Annual Resident Review (PASARR) Determinations/Resident Rights Requirements	21668	AMD	01/07/99	98-23/14
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R414-1	Utah Medicaid Program	21890	AMD	04/23/99	99-6/13
R414-1	Utah Medicaid Program	21985	NSC	05/05/99	Not Printed
R414-29	Client Review/Education and Restriction Policy	21687	AMD	01/21/99	98-24/50
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R414-54	Speech-Language Pathology Services	21936	NSC	05/01/99	Not Printed
R414-58	Children's Organ Transplants	21857	5YR	02/12/99	99-5/58
R414-302	Eligibility Requirements	21986	AMD	06/28/99	99-10/33
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R414-502	Nursing Facility Levels of Care	22382	5YR	09/15/99	99-19/98
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R432-3	General Health Care Facility Rules Inspection and Enforcement	21981	AMD	07/06/99	99-10/35
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R807-1	Curation of Collections from State Lands	21966	NEW	06/03/99	99-9/86
<b>SCHOOL AND INSTITUTIONAL TRUST LANDS</b>					
<u>Administration</u>					
R850-5-200	Payments	22083	NSC	06/03/99	Not Printed
R850-20-175	Coal Leasing of Lands Acquired in Public Law 105-335 Exchanges	21909	EXP	03/03/99	99-7/52
R850-40-1600	Easement Assignments	21932	AMD	05/18/99	99-8/58
<b>TAX COMMISSION</b>					
<u>Auditing</u>					
R865-6F-34	Qualified Subchapter S Subsidiaries Pursuant to Utah Code Ann. Section 59-7-701	21760	AMD	03/16/99	99-2/58
R865-6F-35	S Corporation Determination of Tax Pursuant to Utah Code Ann. Section 59-7-703	21761	AMD	03/16/99	99-2/59
<b>DAR Note:</b> The following three sections will be combined to create one new rule, "R865-7H. Environmental Assurance Fee."					
R865-7H-1	Environmental Assurance Fee for Retailers or Consumers Not Participating in the Environmental Assurance Program Pursuant to Utah Code Ann. Section 19-6-410.5	21737	NEW	03/16/99	99-1/22
R865-7H-2	Environmental Assurance Fee on Packaged Petroleum Products Pursuant to Utah Code Ann. Section 19-6-410.5	21738	NEW	03/16/99	99-1/24
R865-7H-3	Environmental Assurance Fee on Exports of Petroleum Products Pursuant to Utah Code Ann. Section 19-6-410.5	21739	NEW	03/16/99	99-1/24
R865-13G-14	Environmental Assurance Fee Pursuant to Utah Code Ann. Section 19-6-410.5	21740	AMD	04/28/99	99-1/25
R865-19S-79	Tourist Home, Hotel, Motel, or Trailer Court Accommodations and Services Defined Pursuant to Utah Code Ann. Section 59-12-103	22161	AMD	09/02/99	99-14/63
R865-19S-106	Tourist Marketing Performance Fund Pursuant to Utah Code Ann. Section 9-2-1702 and 9-2-1703	22094	AMD	09/02/99	99-12/91

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R865-19S-107	Reporting of Exempt Sales or Purchases Pursuant to Utah Code Ann. Section 59-12-105	22095	AMD	09/02/99	99-12/92
R865-19S-108	User Fee Defined Pursuant to Utah Code Ann. Section 59-2-103	22162	AMD	09/02/99	99-14/64
<u>Motor Vehicle</u>					
R873-22M-20	Aircraft Regulation Pursuant to Utah Code Ann. Sections 2-1-7, 2-1-7.5, 2-1-7.6, and 2-1-7.7	21997	AMD	06/21/99	99-10/88
<u>Property Tax</u>					
R884-24P-27	Standards for Assessment Level and Uniformity of Performance Pursuant to Utah Code Ann. Section 59-2-704.5	21930	AMD	06/21/99	99-8/59
R884-24P-27	Standards for Assessment Level and Uniformity of Performance Pursuant to Utah Code Ann. Section 59-2-704.5	21974	NSC	06/21/99	Not Printed
R884-24P-27	Standards for Assessment Level and Uniformity of Performance Pursuant to Utah Code Ann. Section 59-2-704.5	22185	AMD	09/02/99	99-15/49
R884-24P-32	Leasehold Improvements Pursuant to Utah Code Ann. Section 59-2-303	21931	AMD	06/21/99	99-8/61
R884-24P-32	Leasehold Improvements Pursuant to Utah Code Ann. Section 59-2-303	21975	NSC	06/21/99	Not Printed
R884-24P-32	Leasehold Improvements Pursuant to Utah Code Ann. Section 59-2-303	22186	AMD	09/02/99	99-15/51
R884-24P-50	Apportioning the Utah Proportion of Commercial Aircraft Valuations Pursuant to Utah Code Ann. Subsection 59-2-201(1)(c) and Section 59-2-801	22096	AMD	09/02/99	99-12/93
R884-24P-52	Criteria for Determining Primary Residence Pursuant to Utah Code Ann. Sections 59-2-102 and 59-2-103	21326	AMD	see CPR	98-16/58
R884-24P-52	Criteria for Determining Primary Residence Pursuant to Utah Code Ann. Sections 59-2-102 and 59-2-103	21326	CPR	01/12/99	98-23/46
R884-24P-53	1999 Valuation Guides for Valuation of Land Subject to the Farmland Assessment Act Pursuant to Utah Code Ann. Section 59-2-515	21777	EMR	01/12/99	99-3/64
R884-24P-53	1999 Valuation Guides for Valuation of Land Subject to the Farmland Assessment Act Pursuant to Utah Code Ann. Section 59-2-515	21789	AMD	03/16/99	99-3/46
R884-24P-57	Judgment Levies Pursuant to Utah Code Ann. Section 59-2-1328	22028	AMD	09/02/99	99-11/73
R884-24P-61	1.5 Percent Uniform Fee on Tangible Personal Property Required to be Registered with the State Pursuant to Utah Code Ann. Sections 41-1a-202, 59-2-104, 59-2-401, 59-2-402, and 59-2-405	21762	AMD	03/16/99	99-2/60
R884-24P-63	Performance Standards and Training Requirements Pursuant to Utah Code Ann. Section 59-2-406	21676	AMD	03/16/99	98-23/42

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R884-24P-64	Determination and Application of Taxable Value for Purposes of the Property Tax Exemption for Disabled Veterans and the Blind Pursuant to Utah Code Ann. Section 59-2-1104 and 59-2-1106	21998	AMD	06/21/99	99-10/89
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<u>Administration</u>					
R907-64	Longitudinal and Wireless Access to Interstate Highway Rights-of-Way for Installation of Telecommunications Facilities	22124	EMR	06/28/99	99-14/76
R907-64	Longitudinal and Wireless Access to Interstate Highway Rights-of-Way for Installation of Telecommunications Facilities	22165	NEW	08/17/99	99-14/65
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R909-1	Safety Regulations for Motor Carriers	21756	AMD	03/15/99	99-2/62
R909-3	Standards for Utah School Buses	22346	5YR	08/30/99	99-18/61
R909-75	Safety Regulations for Motor Carriers Transporting Hazardous Materials and/or Hazardous Wastes	21780	AMD	05/04/99	99-3/49
<u>Motor Carrier, Ports of Entry</u>					
R912-3	Restriction of Truck Traffic on SR-128. Legal and Permitted Vehicles	21799	NSC	01/27/99	Not Printed
R912-4	Limitation of Special Permit Vehicles in Provo Canyon. Legal and Permitted Vehicles	21819	REP	06/01/99	99-4/58
R912-8	Minimum Tire, Axle and Suspension Ratings for Heavy Vehicles and the Use of Retractable or Variable Load Suspension Axles in Utah	21800	NSC	01/27/99	Not Printed
R912-14	Changes in Utah's Oversize/Overweight Permit Program - Semitrailer Exceeding 48 Feet Length	22171	5YR	07/06/99	99-15/58
R912-76	Single Tire Configuration	21801	NSC	01/27/99	Not Printed
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R986-221	Demonstration Programs	22093	AMD	08/31/99	99-12/94
R986-413	Program Standards	21705	AMD	01/20/99	98-24/122
R986-414	Income	21581	AMD	01/20/99	98-22/133
R986-414	Income	21763	AMD	04/08/99	99-2/64
R986-417	Documentation	21582	AMD	01/20/99	98-22/134
R986-419	Income Limits	21706	AMD	01/20/99	98-24/124
R986-420	Maximum Allotments	21707	AMD	01/20/99	98-24/125
R986-421	Demonstration Programs	21585	AMD	01/20/99	98-22/136
R986-501	Displaced Homemaker Program	21883	5YR	02/19/99	99-6/32

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R994-310	Coverage	22192	5YR	07/20/99	99-16/52
R994-311	Governmental Units	22199	5YR	07/20/99	99-16/52
R994-312	Employment Units Records - Confidential	22220	5YR	07/30/99	99-16/53
R994-405	Ineligibility for Benefits	21745	AMD	02/17/99	99-2/65
R994-405	Ineligibility for Benefits	21746	AMD	02/17/99	99-2/72
R994-405	Ineligibility for Benefits	21748	AMD	02/17/99	99-2/77
R994-405	Ineligibility for Benefits	21749	AMD	02/17/99	99-2/83
R994-405	Ineligibility for Benefits	21747	NSC	02/20/99	Not Printed
R994-600	Dislocated Workers	21770	AMD	03/05/99	99-3/51

## RULES INDEX - BY KEYWORD (SUBJECT)

### ABBREVIATIONS

AMD = Amendment	NSC = Nonsubstantive rule change
CPR = Change in proposed rule	REP = Repeal
EMR = Emergency rule (120 day)	R&R = Repeal and reenact
NEW = New rule	* = Text too long to print in <i>Bulletin</i> , or repealed text not printed in <i>Bulletin</i>
5YR = Five-Year Review	
EXD = Expired	

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Commerce, Occupational and Professional Licensing	22166	R156-26	AMD	08/24/99	99-14/18
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Education, Administration	21823	R277-413	NEW	03/22/99	99-4/16
<b><u>ACID RAIN</u></b>					
Environmental Quality, Air Quality	22364	R307-215	5YR	09/08/99	99-19/97
	22345	R307-215-1	NSC	09/01/99	Not Printed
	21735	R307-417	AMD	03/05/99	99-1/3
	21910	R307-417	5YR	03/05/99	99-7/55
	22042	R307-417-2	NSC	06/01/99	Not Printed
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Human Services, Recovery Services	21675	R527-200	AMD	01/04/99	98-23/33

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	22021	R477-12	AMD	06/26/99	99-10/66
	22023	R477-15	AMD	06/26/99	99-10/71
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	21846	R602-2-4	AMD	04/05/99	99-5/40
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	21909	R850-20-175	EXP	03/03/99	99-7/52
	21932	R850-40-1600	AMD	05/18/99	99-8/58
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	21826	R277-733	AMD	03/22/99	99-4/22
	21898	R277-734	5YR	02/26/99	99-6/30
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	21886	R510-111	NSC	02/27/99	Not Printed
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	21591	R307-150	CPR	03/04/99	99-3/57
	21592	R307-155	REP	03/04/99	98-22/60
	21593	R307-155	NEW	see CPR	98-22/62
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	21504	R307-170	R&R	see CPR	98-20/5
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	22043	R307-202-5	AMD	07/15/99	99-11/24
	22044	R307-210-1	AMD	07/15/99	99-11/25
	21844	R307-214	5YR	02/03/99	99-5/57
	22363	R307-220-3	NSC	09/22/99	Not Printed
	21595	R307-221	AMD	01/07/99	98-22/66
	21850	R307-221	NSC	02/27/99	Not Printed
	21570	R307-302-2	AMD	01/07/99	98-22/67
	21698	R307-309	NEW	see CPR	98-24/15
	21698	R307-309	CPR	05/04/99	99-7/46
	21949	R307-328	AMD	07/15/99	99-9/18
	21950	R307-342	AMD	07/15/99	99-9/21
	21727	R307-343	NEW	see CPR	98-24/18
	21727	R307-343	CPR	06/02/99	99-9/95
	21852	R307-403	AMD	05/06/99	99-5/16
	21900	R307-415	5YR	03/01/99	99-6/31
	22045	R307-415	AMD	07/15/99	99-11/26
	21589	R307-415-3	AMD	01/07/99	98-22/68
	21853	R307-420	NEW	05/06/99	99-5/18
<b><u>AIR QUALITY</u></b>					
Environmental Quality, Air Quality	22364	R307-215	5YR	09/08/99	99-19/97
	22345	R307-215-1	NSC	09/01/99	Not Printed
	21735	R307-417	AMD	03/05/99	99-1/3
	21910	R307-417	5YR	03/05/99	99-7/55
	22042	R307-417-1	NSC	06/01/99	Not Printed
<b><u>AIR TRAVEL</u></b>					
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	22050	R25-7	AMD	see CPR	99-11/15
	22050	R25-7	CPR	09/01/99	99-15/55
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	22185	R884-24P-27	AMD	09/02/99	99-15/49
	21931	R884-24P-32	AMD	06/21/99	99-8/61
	21975	R884-24P-32	NSC	06/21/99	Not Printed
	22186	R884-24P-32	AMD	09/02/99	99-15/51
	22096	R884-24P-50	AMD	09/02/99	99-12/93
	21777	R884-24P-53	EMR	01/12/99	99-3/64
	21789	R884-24P-53	AMD	03/16/99	99-3/46
	22028	R884-24P-57	AMD	09/02/99	99-11/73
	21762	R884-24P-61	AMD	03/16/99	99-2/60
	21676	R884-24P-63	AMD	03/16/99	98-23/42
	21998	R884-24P-64	AMD	06/21/99	99-10/89
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Tax Commission, Auditing	22161	R865-19S-79	AMD	09/02/99	99-14/63
	22094	R865-19S-106	AMD	09/02/99	99-12/91
	22095	R865-19S-107	AMD	09/02/99	99-12/92
	22162	R865-19S-108	AMD	09/02/99	99-14/64
<b><u>CHARTER SCHOOLS</u></b>					
Education, Administration	21773	R277-470	NSC	01/27/99	Not Printed
<b><u>CHILD ABUSE</u></b>					
Human Services, Child and Family Services	21465	R512-25	AMD	01/21/99	98-19/78
<b><u>CHILD CARE FACILITIES</u></b>					
Health, Health Systems Improvement, Child Care Licensing	21769	R430-100-13	AMD	02/25/99	99-2/13
<b><u>CHILDREN'S HEALTH BENEFITS</u></b>					
Health, Children's Health Insurance Program	21669	R382-10	AMD	01/07/99	98-23/12
	21843	R382-10	NSC	02/27/99	Not Printed
<b><u>CHILD PLACING</u></b>					
Human Services, Administration, Administrative Services, Licensing	22164	R501-7	AMD	09/01/99	99-14/33
<b><u>CHILD SUPPORT</u></b>					
Human Services, Administration	21916	R495-879	5YR	03/11/99	99-7/56
	21917	R495-879	AMD	05/10/99	99-7/28
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	21871	R527-56	AMD	04/05/99	99-5/35

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	21675	R527-200	AMD	01/04/99	98-23/33
	21809	R527-210	5YR	01/26/99	99-4/70
	21810	R527-210	NSC	01/27/99	Not Printed
	21726	R527-378	AMD	01/15/99	98-24/90
	21811	R527-430	AMD	03/18/99	99-4/49
	22158	R527-450	AMD	08/17/99	99-14/42
<b><u>CHILD WELFARE</u></b>					
Human Services, Child and Family Services	21465	R512-25	AMD	01/21/99	98-19/78
	22055	R512-41	NEW	09/01/99	99-11/39
<b><u>COAL</u></b>					
School and Institutional Trust Lands, Administration	21909	R850-20-175	EXP	03/03/99	99-7/52
<b><u>COAL MINES</u></b>					
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	21977	R645-104	5YR	04/19/99	99-10/110
	21978	R645-401	5YR	04/19/99	99-10/111
<b><u>COATINGS</u></b>					
Environmental Quality, Air Quality	21727	R307-343	NEW	see CPR	98-24/18
	21727	R307-343	CPR	06/02/99	99-9/95
<b><u>COLLEGES</u></b>					
Public Safety, Administration	21779	R698-4	NEW	03/05/99	99-3/33
	21913	R698-4	NSC	04/01/99	Not Printed
<b><u>COMMERCIALIZATION OF AQUATIC WILDLIFE</u></b>					
Natural Resources, Wildlife Resources	21937	R657-14	AMD	05/18/99	99-8/25
	22183	R657-14	AMD	09/01/99	99-15/36
<b><u>COMPENSATORY TIME</u></b>					
Human Resource Management, Administration	21803	R477-8	AMD	05/04/99	99-4/42
	22017	R477-8	AMD	06/26/99	99-10/55
	22047	R477-8	AMD	07/19/99	99-11/32
<b><u>COMPLAINTS</u></b>					
Education, Applied Technology Education (Board for), Rehabilitation	21679	R280-201	NEW	01/05/99	98-23/8
<b><u>CONDUCT</u></b>					
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	22065	R162-106	AMD	07/16/99	99-12/37
	22006	R162-107	EMR	05/03/99	99-10/104
	22066	R162-7	AMD	07/16/99	99-12/39
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<b><u>CONFLICT OF INTEREST</u></b>					
Human Resources Management, Administration	22018	R477-9	AMD	06/26/99	99-10/61
<b><u>CONSUMER</u></b>					
Commerce, Consumer Protection	22212	R152-21	5YR	07/29/99	99-16/49
<b><u>CONSUMER PROTECTION</u></b>					
Commerce, Consumer Protection	22032	R152-2-10	AMD	08/02/99	99-11/23
	22211	R152-16	5YR	07/29/99	99-16/49
<b><u>CONTAMINATION</u></b>					
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Commerce, Real Estate	21969	R162-9	AMD	06/03/99	99-03/10
<b><u>CONTINUOUS MONITORING</u></b>					
Environmental Quality, Air Quality	21504	R307-170	R&R	see CPR	98-20/5
	21504	R307-170	CPR	04/01/99	99-5/51
<b><u>CONTRACTORS</u></b>					
Commerce, Occupational and Professional Licensing	22084	R156-55a	AMD	07/19/99	99-12/11
	22008	R156-56	AMD	07/01/99	99-10/5
	22009	R156-56	AMD	see CPR	99-10/19
	22009	R156-56	CPR	08/05/99	99-13/28
	22010	R156-56	AMD	see CPR	99-10/21
	22010	R156-56	CPR	08/05/99	99-13/29
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<b><u>CONTROLLED SUBSTANCES</u></b>					
Commerce, Occupational and Professional Licensing	21908	R156-37c	5YR	03/02/99	99-7/54
<b><u>COOPERATIVE WILDLIFE MANAGEMENT UNIT</u></b>					
Natural Resources, Wildlife Resources	22027	R657-37	5YR	05/03/99	99-11/75
	21939	R657-37	AMD	05/18/99	99-8/39
<b><u>CORRECTIONS</u></b>					
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	21829	R251-105	AMD	03/29/99	99-4/15
	21925	R251-105	NSC	03/29/99	Not Printed
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<b><u>COVERAGE</u></b>					
Workforce Services, Workforce Information and Payment Services	22192	R994-310	5YR	07/20/99	99-16/52
<b><u>COVERAGE GROUPS</u></b>					
Health, Health Care Financing, Coverage and Reimbursement Policy	21529	R414-303	AMD	01/05/99	98-21/31
<b><u>CREDIT SERVICES</u></b>					
Commerce, Consumer Protection	22212	R152-21	5YR	07/29/99	99-16/49
<b><u>CRIMINAL INVESTIGATION</u></b>					
Public Safety, Law Enforcement and Technical Services, Regulatory Licensing	21929	R724-7	R&R	06/14/99	99-8/54
<b><u>CURATION</u></b>					
Regents (Board of), University of Utah, Museum of Natural History (Utah)	21966	R807-1	NEW	06/03/99	99-9/86
<b><u>CURRICULA</u></b>					
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Education, Administration	21678	R277-735	NEW	01/05/99	98-23/6
<b><u>CUSTODY OF CHILDREN</u></b>					
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	21917	R495-879	AMD	05/10/99	99-7/28
<b><u>DAY CARE</u></b>					
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	21712	R710-8	CPR	02/23/99	99-2/88
<b><u>DEFINITIONS</u></b>					
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	22060	R162-101-2	AMD	07/16/99	99-12/25
Environmental Quality, Air Quality	21588	R307-101-2	AMD	01/07/99	98-22/49
	21782	R307-101-2	AMD	04/08/99	99-3/4
	21851	R307-101-2	AMD	05/06/99	99-5/9
Environmental Quality, Radiation Control	21684	R313-12-3	AMD	03/12/99	98-24/26
<b><u>DELEGATION</u></b>					
Administrative Services, Facilities Construction and Management	22041	R23-29	5YR	05/11/99	99-11/75
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	21585	R986-421	AMD	01/20/99	98-22/136
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	22017	R477-8	AMD	06/26/99	99-10/55
	22047	R477-8	AMD	07/19/99	99-11/32
<b><u>DISABLED PERSONS</u></b>					
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	21680	R280-202	NEW	01/05/99	98-23/10
<b><u>DISCIPLINARY ACTIONS</u></b>					
Education, Administration	22313	R277-609	5YR	08/13/99	99-17/128
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<b><u>DISCIPLINARY PROBLEMS</u></b>					
Education, Administration	21902	R277-436	AMD	04/15/99	99-6/12
<b><u>DISCIPLINE OF EMPLOYEES</u></b>					
Human Resources Management, Administration	22020	R477-11	AMD	06/26/99	99-10/65
	22022	R477-12	AMD	06/26/99	99-10/69
<b><u>DISMISSAL OF EMPLOYEES</u></b>					
Human Resources Management, Administration	22020	R477-11	AMD	06/26/99	99-10/65
<b><u>DISPLACED HOMEMAKERS</u></b>					
Workforce Services, Employment Development	21883	R986-501	5YR	02/19/99	99-6/32
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Natural Resources, Wildlife Resources	22170	R657-46	NEW	08/18/99	99-14/57
<b><u>DRINKING WATER</u></b>					
Environmental Quality, Drinking Water	21553	R309-104	AMD	01/15/99	98-21/16
	21554	R309-113	AMD	01/15/99	98-21/20
	22204	R309-352	AMD	09/15/99	99-16/18
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Education, Administration	22099	R277-746	AMD	07/19/99	99-12/45
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	21579	R708-2	CPR	03/18/99	99-4/61
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Human Resource Management, Administration	22022	R477-12	AMD	06/26/99	99-10/69
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Education, Administration	22105	R277-438	5YR	06/08/99	99-13/37
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	21698	R307-309	CPR	05/04/99	99-7/46
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Commerce, Real Estate	22002	R162-103	EMR	05/03/99	99-10/94
	22062	R162-103	AMD	07/16/99	99-12/29
Education, Administration	21773	R277-470	NSC	01/27/99	Not Printed
	22206	R277-521	NEW	09/15/99	99-16/10
	22098	R277-709	AMD	07/19/99	99-12/44
<b><u>EDUCATIONAL ADMINISTRATION</u></b>					
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Education, Administration	22205	R277-451	NEW	09/15/99	99-16/8
	21895	R277-455	5YR	02/26/99	99-6/29
	22024	R277-458	EMR	04/30/99	99-10/107
<b><u>EDUCATION FINANCE</u></b>					
Education, Administration	22205	R277-451	NEW	09/15/99	99-16/8
	22025	R277-458	REP	06/15/99	99-10/30
<b><u>EDUCATIONAL FACILITIES</u></b>					
Education, Administration	22025	R277-458	REP	06/15/99	99-10/30
	22314	R277-800	5YR	08/13/99	99-17/128
<b><u>EDUCATIONAL SAVINGS TRUST</u></b>					
Regents (Board of), Administration	21674	R765-685	AMD	01/04/99	98-23/40
<b><u>EDUCATIONAL TESTING</u></b>					
Education, Administration	21825	R277-702	AMD	03/22/99	99-4/20
	21897	R277-712	5YR	02/26/99	99-6/30
<b><u>EDUCATIONAL TUITION</u></b>					
Human Resources Management, Administration	22019	R477-10	AMD	06/26/99	99-10/63
<b><u>EDUCATION FINANCE</u></b>					
Education, Administration	21894	R277-425	5YR	02/26/99	99-6/28
	22024	R277-458	EMR	04/30/99	99-10/107
	22209	R277-907	AMD	09/15/99	99-16/17
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<b><u>ELEVATORS</u></b>					
Labor Commission, Safety	21454	R616-3	AMD	01/28/99	98-19/84
	22037	R616-3	AMD	07/02/99	99-11/56
	21944	R616-3-18	NSC	05/01/99	Not Printed
<b><u>ELIGIBILITY</u></b>					
Health, Health Care Financing, Coverage and Reimbursement Policy	21892	R414-307	AMD	04/23/99	99-6/19

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	21649	R426-1-8	AMD	01/07/99	98-23/22
	21688	R426-2	AMD	01/22/99	98-24/59
	21694	R426-3	AMD	01/22/99	98-24/61
	21695	R426-4	AMD	01/22/99	98-24/67
	21657	R426-6	AMD	03/01/99	98-23/23
	21906	R426-6	AMD	05/14/99	99-7/12
	21906	R426-6	AMD	05/14/99	99-7/12
<b><u>EMISSION FEE</u></b>					
Environmental Quality, Air Quality	21900	R307-415	5YR	03/01/99	99-6/31
	22045	R307-415	AMD	07/15/99	99-11/26
	21589	R307-415-3	AMD	01/07/99	98-22/68
<b><u>EMPLOYEE BENEFIT PLANS</u></b>					
Human Resources Management, Administration	22016	R477-7	AMD	06/26/99	99-10/52
<b><u>EMPLOYEE PERFORMANCE EVALUATION</u></b>					
Human Resources Management, Administration	22019	R477-10	AMD	06/26/99	99-10/63
<b><u>EMPLOYEE PRODUCTIVITY</u></b>					
Human Resources Management, Administration	22019	R477-10	AMD	06/26/99	99-10/63
<b><u>EMPLOYEES' RIGHTS</u></b>					
Human Resources Management, Administration	22021	R477-12	AMD	06/26/99	99-10/66
Workforce Services, Workforce Information and Payment Services	21745	R994-405	AMD	02/17/99	99-2/65
	21746	R994-405	AMD	02/17/99	99-2/72
	21748	R994-405	AMD	02/17/99	99-2/77
	21749	R994-405	AMD	02/17/99	99-2/83
	21747	R994-405	NSC	02/20/99	Not Printed
<b><u>EMPLOYEE TERMINATION</u></b>					
Workforce Services, Workforce Information and Payment Services	21745	R994-405	AMD	02/17/99	99-2/65
	21746	R994-405	AMD	02/17/99	99-2/72
	21748	R994-405	AMD	02/17/99	99-2/77
	21749	R994-405	AMD	02/17/99	99-2/83
	21747	R994-405	NSC	02/20/99	Not Printed
<b><u>EMPLOYMENT</u></b>					
Corrections, Administration	21828	R251-105	5YR	02/01/99	99-4/65
	21829	R251-105	AMD	03/29/99	99-4/15
	21925	R251-105	NSC	03/29/99	Not Printed
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	21746	R994-405	AMD	02/17/99	99-2/72
	21748	R994-405	AMD	02/17/99	99-2/77
	21749	R994-405	AMD	02/17/99	99-2/83
	21747	R994-405	NSC	02/20/99	Not Printed
	21770	R994-600	AMD	03/05/99	99-3/51
<b><u>EMPLOYMENT AGENCIES</u></b>					
Labor Commission, Antidiscrimination and Labor, Labor	22040	R610-4	NEW	07/02/99	99-11/43
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<b><u>ENVIRONMENT</u></b>					
<b>DAR Note:</b> The following three sections will be combined to create one new rule, "R865-7H. Environmental Assurance Fee."					
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	21738	R865-7H-2	NEW	03/16/99	99-1/24
	21739	R865-7H-3	NEW	03/16/99	99-1/24
	21740	R865-13G-14	AMD	04/28/99	99-1/25
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<b><u>ENVIRONMENTAL PROTECTION</u></b>					
Environmental Quality, Air Quality	22363	R307-220-3	NSC	09/22/99	Not Printed
	21900	R307-415	5YR	03/01/99	99-6/31
	22045	R307-415	AMD	07/15/99	99-11/26
	21589	R307-415-3	AMD	01/07/99	98-22/68
Environmental Quality, Drinking Water	21553	R309-104	AMD	01/15/99	98-21/16
<b><u>ETHICS</u></b>					
Natural Resources, Wildlife Resources	21719	R657-38	AMD	01/15/99	98-24/107
	22091	R657-38	NSC	06/04/99	Not Printed
<b><u>EXCEPTIONAL CHILDREN</u></b>					
Education, Administration	22208	R277-710	REP	09/15/99	99-16/16
<b><u>EXEMPTIONS</u></b>					
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	21686	R313-19	AMD	03/12/99	98-24/33
	21948	R313-19-30	AMD	06/11/99	99-9/30
<b><u>EXPENSES</u></b>					
Public Safety, Comprehensive Emergency Management	22163	R704-1	NEW	08/19/99	99-14/59
<b><u>EXPERIENCE</u></b>					
Commerce, Real Estate	22003	R162-104	EMR	05/03/99	99-10/98
	22063	R162-104	AMD	07/16/99	99-12/33
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	22114	R325-1	AMD	08/19/99	99-14/28
	21873	R325-2	AMD	04/05/99	99-5/23
	22115	R325-2	AMD	08/19/99	99-14/30
	21874	R325-3	AMD	04/05/99	99-5/24
	22116	R325-3	AMD	08/19/99	99-14/31
	21875	R325-4	AMD	04/05/99	99-5/25
	21876	R325-5	AMD	04/05/99	99-5/26
	22118	R325-5	AMD	08/19/99	99-14/32
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Natural Resources, Parks and Recreation	22136	R651-610	5YR	06/29/99	99-14/86
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<b><u>FIRE PREVENTION</u></b>					
Public Safety, Fire Marshal	21712	R710-8	AMD	see CPR	98-24/120
	21712	R710-8	CPR	02/23/99	99-2/88
	21901	R710-9	AMD	04/19/99	99-6/21
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	21771	R765-607	NSC	01/27/99	Not Printed
<b><u>FINANCIAL DISCLOSURE</u></b>					
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	22184	R710-9	AMD	09/01/99	99-15/41
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	21582	R986-417	AMD	01/20/99	98-22/134
	21706	R986-419	AMD	01/20/99	98-24/124
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	21697	R307-12 (Changed to R307-205)	CPR	05/04/99	99-7/44
<b><u>FUNDING</u></b>					
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	22168	R657-6	AMD	08/17/99	99-14/47
	21937	R657-14	AMD	05/18/99	99-8/25
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	22069	R35-2	NEW	07/16/99	99-12/6
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	22071	R35-4	NEW	07/16/99	99-12/8
	22072	R35-5	NEW	07/16/99	99-12/9
	22073	R35-6	NEW	07/16/99	99-12/10
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<b><u>GOVERNMENT HEARINGS</u></b>					
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<b><u>GRANTS</u></b>					
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	21666	R434-20	NEW	01/07/99	98-23/26
<b><u>GRAZING</u></b>					
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<b><u>GREAT SEAL</u></b>					
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	22030	R622-2	NSC	06/22/99	Not Printed
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Transportation, Motor Carrier	21780	R909-75	AMD	05/04/99	99-3/49
<b><u>HAZARDOUS WASTE</u></b>					
Environmental Quality, Solid and Hazardous Waste	21459	R315-2	AMD	see CPR	98-19/10
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	21953	R315-2	AMD	06/11/99	99-9/33
	21856	R315-2-2	AMD	04/15/99	99-5/20
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	22046	R315-4-2	AMD	07/15/99	99-11/30
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	21958	R315-12	AMD	06/15/99	99-9/70
	21959	R315-13-1	AMD	06/15/99	99-9/71
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	21971	R156-62-302	NSC	05/01/99	Not Printed
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	21815	R432-4	5YR	01/29/99	99-4/68
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	21561	R432-300	R&R	01/11/99	98-22/73
	21562	R432-650	AMD	01/11/99	98-22/82
	21734	R432-750	AMD	02/25/99	99-1/3
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	21771	R765-607	NSC	01/27/99	Not Printed
	21674	R765-685	AMD	01/04/99	98-23/40
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	22164	R501-7	AMD	09/01/99	99-14/33
	22051	R501-12	AMD	09/01/99	99-11/37
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	21764	R414-304	AMD	02/25/99	99-2/4
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	21581	R986-414	AMD	01/20/99	98-22/133
	21763	R986-414	AMD	04/08/99	99-2/64
	21585	R986-421	AMD	01/20/99	98-22/136
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	21535	R313-16	AMD	01/15/99	98-21/27
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	21804	R590-160	5YR	01/22/99	99-4/71
	21790	R590-165	AMD	03/16/99	99-3/23
	22088	R590-165	5YR	05/27/99	99-12/104
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	21791	R590-167	AMD	03/11/99	99-3/24
	21725	R590-170	NEW	see CPR	98-24/95
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	21923	R590-96	NSC	03/29/99	Not Printed
	22087	R590-98	5YR	05/27/99	99-12/103
	21723	R590-135	REP	03/18/99	98-24/91
	21767	R590-190	NEW	see CPR	99-2/47
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	21879	R746-365-4	AMD	06/01/99	99-5/42
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	21591	R307-150	NEW	see CPR	98-22/56
	21591	R307-150	CPR	03/04/99	99-3/57
	21592	R307-155	REP	03/04/99	98-22/60
	21593	R307-155	NEW	see CPR	98-22/62
	21593	R307-155	CPR	03/04/99	99-3/59
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Human Resource Management, Administration	21803	R477-8	AMD	05/04/99	99-4/42
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	22047	R477-8	AMD	07/19/99	99-11/32
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	21948	R313-19-30	AMD	06/11/99	99-9/30
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	21716	R156-24a	CPR	03/09/99	99-3/56
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	22342	R156-62	5YR	08/26/99	99-18/60
	21899	R156-62-302	AMD	04/15/99	99-6/6
	21971	R156-62-302	NSC	05/01/99	Not Printed
	21855	R156-63	AMD	04/01/99	99-5/7
	21812	R156-74	NEW	03/18/99	99-4/12
	21813	R156-78	REP	03/18/99	99-4/13
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	22164	R501-7	AMD	09/01/99	99-14/33
	22051	R501-12	AMD	09/01/99	99-11/37
	21821	R501-14	AMD	03/22/99	99-4/47
Labor Commission, Antidiscrimination and Labor, Labor	22040	R610-4	NEW	07/02/99	99-11/43
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	22030	R622-2	NSC	06/22/99	Not Printed
<b><u>LIQUEFIED PETROLEUM GAS</u></b>					
Public Safety, Fire Marshal	21733	R710-6	AMD	02/02/99	99-1/17
<b><u>MACT (Maximum Achievable Control Technology)</u></b>					
Environmental Quality, Air Quality	21844	R307-214	5YR	02/03/99	99-5/57
<b><u>MAMMOGRAPHY</u></b>					
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	22078	R313-28	AMD	08/13/99	99-12/57
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Health, Health Care Financing	21668	R410-14	AMD	01/07/99	98-23/14
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	21985	R414-1	NSC	05/05/99	Not Printed
	21687	R414-29	AMD	01/21/99	98-24/50
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	21758	R647-3	AMD	02/26/99	99-2/55
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Environmental Quality, Air Quality	21697	R307-12 (Changed to R307-205)	AMD	see CPR	98-24/12
	21697	R307-12 (Changed to R307-205)	CPR	05/04/99	99-7/44
<b><u>MONITORING</u></b>					
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	21504	R307-170	CPR	04/01/99	99-5/51
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<b><u>MOTORCYCLE RIDER TRAINING PROGRAM SCHOOLS</u></b>					
Public Safety, Driver License	21881	R708-30	5YR	02/17/99	99-6/32
<b><u>MOTORCYCLE RIDER TRAINING SCHOOLS</u></b>					
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Tax Commission, Auditing	21740	R865-13G-14	AMD	04/28/99	99-1/25
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	21850	R307-221	NSC	02/27/99	Not Printed
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	22126	R651-408	5YR	06/29/99	99-14/81
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	21853	R307-420	NEW	05/06/99	99-5/18
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	22345	R307-215-1	NSC	09/01/99	Not Printed
	21900	R307-415	5YR	03/01/99	99-6/31
	22045	R307-415	AMD	07/15/99	99-11/26
	21589	R307-415-3	AMD	01/07/99	98-22/68
	21735	R307-417	AMD	03/05/99	99-1/3
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	22042	R307-417-1	NSC	06/01/99	Not Printed
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	21449	R317-10	CPR	02/04/99	99-1/35
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	21949	R307-328	AMD	07/15/99	99-9/18
	21950	R307-342	AMD	07/15/99	99-9/21
	21727	R307-343	NEW	see CPR	98-24/18
	21727	R307-343	CPR	06/02/99	99-9/95
	21853	R307-420	NEW	05/06/99	99-5/18
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	21888	R25-7	NSC	03/05/99	Not Printed
	22050	R25-7	AMD	see CPR	99-11/15
	22050	R25-7	CPR	09/01/99	99-15/55
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	21819	R912-4	REP	06/01/99	99-4/58
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	22345	R307-215-1	NSC	09/01/99	Not Printed
	21735	R307-417	AMD	03/05/99	99-1/3
	21910	R307-417	5YR	03/05/99	99-7/55
	22042	R307-417-1	NSC	06/01/99	Not Printed
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	21974	R884-24P-27	NSC	06/21/99	Not Printed
	22185	R884-24P-27	AMD	09/02/99	99-15/49
	21931	R884-24P-32	AMD	06/21/99	99-8/61
	21975	R884-24P-32	NSC	06/21/99	Not Printed
	22186	R884-24P-32	AMD	09/02/99	99-15/51
	22096	R884-24P-50	AMD	09/02/99	99-12/93
	21777	R884-24P-53	EMR	01/12/99	99-3/64
	21789	R884-24P-53	AMD	03/16/99	99-3/46
	22028	R884-24P-57	AMD	09/02/99	99-11/73
	21762	R884-24P-61	AMD	03/16/99	99-2/60
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	21829	R251-105	AMD	03/29/99	99-4/15
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	21927	R156-50-502	NSC	03/29/99	Not Printed
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	21974	R884-24P-27	NSC	06/21/99	Not Printed
	22185	R884-24P-27	AMD	09/02/99	99-15/49
	21931	R884-24P-32	AMD	06/21/99	99-8/61
	21975	R884-24P-32	NSC	06/21/99	Not Printed
	22186	R884-24P-32	AMD	09/02/99	99-15/51
	22096	R884-24P-50	AMD	09/02/99	99-12/93
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	22028	R884-24P-57	AMD	09/02/99	99-11/73
	21762	R884-24P-61	AMD	03/16/99	99-2/60
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	21998	R884-24P-64	AMD	06/21/99	99-10/89
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	22105	R277-438	5YR	06/08/99	99-13/37
	22097	R277-462	AMD	07/19/99	99-12/42
	21973	R277-716	AMD	06/03/99	99-9/15
	21678	R277-735	NEW	01/05/99	98-23/6
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	21798	R746-320	AMD	06/05/99	99-4/52
	20997	R746-365	NEW	see CPR	98-9/50
	20997	R746-365	CPR	01/13/99	98-18/39
	21774	R746-365	NSC	01/15/99	Not Printed
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	21915	R162-102	AMD	06/10/99	99-7/5
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	22062	R162-103	AMD	07/16/99	99-12/29
	22003	R162-104	EMR	05/03/99	99-10/98
	22063	R162-104	AMD	07/16/99	99-12/33
	22004	R162-105	EMR	05/03/99	99-10/100
	22064	R162-105	NEW	07/16/99	99-12/36
	22005	R162-106	EMR	05/03/99	99-10/102
	22065	R162-106	AMD	07/16/99	99-12/37
	22006	R162-107	EMR	05/03/99	99-10/104
	22066	R162-107	AMD	07/16/99	99-12/39
	22007	R162-109	EMR	05/03/99	99-10/105
	22067	R162-109	AMD	07/16/99	99-12/40
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	21968	R162-6	AMD	06/03/99	99-9/4
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	21948	R313-19-30	AMD	06/11/99	99-9/30
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	21977	R645-104	5YR	04/19/99	99-10/110
	21978	R645-401	5YR	04/19/99	99-10/111
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	22069	R35-2	NEW	07/16/99	99-12/6
	22070	R35-3	NEW	07/16/99	99-12/7
	22071	R35-4	NEW	07/16/99	99-12/8
	22072	R35-5	NEW	07/16/99	99-12/9
	22073	R35-6	NEW	07/16/99	99-12/10
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	22091	R657-38	NSC	06/04/99	Not Printed
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	22095	R865-19S-107	AMD	09/02/99	99-12/92
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	21849	R384-100	CPR	08/16/99	99-13/34
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Environmental Quality, Air Quality	21591	R307-150	NEW	see CPR	98-22/56
	21591	R307-150	CPR	03/04/99	99-3/57
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	22165	R907-64	NEW	08/17/99	99-14/65
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	22114	R325-1	AMD	08/19/99	99-14/28
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	22115	R325-2	AMD	08/19/99	99-14/30
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	22038	R614-1-4	AMD	07/02/99	99-11/46
	22039	R614-1-7	AMD	07/02/99	99-11/47
	21983	R614-4-4	NSC	05/13/99	Not Printed
Labor Commission, Safety	22036	R616-2	AMD	07/02/99	99-11/53
	21454	R616-3	AMD	01/28/99	98-19/84
	22037	R616-3	AMD	07/02/99	99-11/56
	21944	R616-3-18	NSC	05/01/99	Not Printed
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	21819	R912-4	REP	06/01/99	99-4/58
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	22094	R865-19S-106	AMD	09/02/99	99-12/91
	22095	R865-19S-107	AMD	09/02/99	99-12/92
	22162	R865-19S-108	AMD	09/02/99	99-14/64
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	21772	R315-304-1	NSC	01/05/99	Not Printed
	21785	R315-305-5	AMD	03/15/99	99-3/18
	21786	R315-315-6	AMD	03/15/99	99-3/19
	21919	R315-315-6	NSC	03/15/99	Not Printed
	21787	R315-317	AMD	03/15/99	99-3/20
	21788	R315-318	AMD	see CPR	99-3/22
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	22049	R25-5	AMD	07/13/99	99-11/14
	21888	R25-7	NSC	03/05/99	Not Printed
	22050	R25-7	AMD	see CPR	99-11/15
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	21889	R25-8	NSC	03/05/99	Not Printed
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	22030	R622-2	NSC	06/22/99	Not Printed
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	22069	R35-2	NEW	07/16/99	99-12/6
	22070	R35-3	NEW	07/16/99	99-12/7
	22071	R35-4	NEW	07/16/99	99-12/8
	22072	R35-5	NEW	07/16/99	99-12/9
	22073	R35-6	NEW	07/16/99	99-12/10
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	22080	R313-35	AMD	08/13/99	99-12/66
	21807	R313-38	5YR	01/25/99	99-4/66
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	21697	R307-12 (Changed to R307-205)	CPR	05/04/99	99-7/44
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	21761	R865-6F-35	AMD	03/16/99	99-2/59
<b>DAR Note:</b> The following three sections will be combined to create one new rule, "R865-7H. Environmental Assurance Fee."					
	21737	R865-7H-1	NEW	03/16/99	99-1/22
	21738	R865-7H-2	NEW	03/16/99	99-1/24
	21739	R865-7H-3	NEW	03/16/99	99-1/24
	21740	R865-13G-14	AMD	04/28/99	99-1/25
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	21974	R884-24P-27	NSC	06/21/99	Not Printed
	22185	R884-24P-27	AMD	09/02/99	99-15/49
	21931	R884-24P-32	AMD	06/21/99	99-8/61
	21974	R884-24P-32	NSC	06/21/99	Not Printed
	22186	R884-24P-32	AMD	09/02/99	99-15/51
	22096	R884-24P-50	AMD	09/02/99	99-12/93
	21326	R884-24P-52	AMD	see CPR	98-16/58
	21326	R884-24P-52	CPR	01/12/99	98-23/46
	21777	R884-24P-53	EMR	01/12/99	99-3/64
	21789	R884-24P-53	AMD	03/16/99	99-3/46
	22028	R884-24P-57	AMD	09/02/99	99-11/73
	21762	R884-24P-61	AMD	03/16/99	99-2/60
	21676	R884-24P-63	AMD	03/16/99	98-23/42
	21998	R884-24P-64	AMD	06/21/99	99-10/89
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	22095	R865-19S-107	AMD	09/02/99	99-12/92
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	21824	R277-519	AMD	03/22/99	99-4/19
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	21774	R746-365	NSC	01/15/99	Not Printed
	21879	R746-365-4	AMD	06/01/99	99-5/42
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	22050	R25-7	AMD	see CPR	99-11/15
	22050	R25-7	CPR	09/01/99	99-15/55
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	21886	R510-111	NSC	02/27/99	Not Printed
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	22220	R994-312	5YR	07/30/99	99-16/53
	21745	R994-405	AMD	02/17/99	99-2/65
	21746	R994-405	AMD	02/17/99	99-2/72
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	21886	R510-111	NSC	02/27/99	Not Printed
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Environmental Quality, Solid and Hazardous Waste	21783	R315-301-2	AMD	03/15/99	99-3/10
	21784	R315-303	AMD	see CPR	99-3/14
	21784	R315-303	CPR	05/05/99	99-7/48
	21439	R315-304	AMD	see CPR	98-19/50
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	21772	R315-304-1	NSC	01/05/99	Not Printed
	21785	R315-305-5	AMD	03/15/99	99-3/18
	21786	R315-315-6	AMD	03/15/99	99-3/19
	21919	R315-315-6	NSC	03/15/99	Not Printed
	21787	R315-317	AMD	03/15/99	99-3/20
	21788	R315-318	AMD	see CPR	99-3/22
	21788	R315-318	CPR	05/05/99	99-7/50
	21920	R315-320	5YR	03/12/99	99-7/55
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	21717	R657-5	AMD	01/15/99	98-24/96
	22076	R657-5	AMD	07/16/99	99-12/87
	22168	R657-6	AMD	08/17/99	99-14/47
	22169	R657-22	AMD	08/17/99	99-14/54
	21827	R657-27	AMD	03/18/99	99-4/51
	21938	R657-33	AMD	05/18/99	99-8/33
	22027	R657-37	5YR	05/03/99	99-11/75
	21939	R657-37	AMD	05/18/99	99-8/39
	21719	R657-38	AMD	01/15/99	98-24/107
	22091	R657-38	NSC	06/04/99	Not Printed
	21940	R657-41	AMD	05/18/99	99-8/45
	22092	R657-41	NSC	06/04/99	Not Printed
	21720	R657-42	AMD	01/15/99	98-24/109
	21721	R657-43	AMD	01/15/99	98-24/110
	22170	R657-46	NEW	08/18/99	99-14/57
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	22092	R657-41	NSC	06/04/99	Not Printed
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	21682	R313-28	AMD	03/12/99	98-24/46
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	22079	R313-30	AMD	08/13/99	99-12/64
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