UTAH STATE BULLETIN

OFFICIAL NOTICES OF UTAH STATE GOVERNMENT Filed February 16, 2019, 12:00 a.m. through March 01, 2019, 11:59 p.m.

Number 2019-6 March 15, 2019

Nancy L. Lancaster, Managing Editor

The *Utah State Bulletin (Bulletin)* is an official noticing publication of the executive branch of Utah state government. The Office of Administrative Rules, part of the Department of Administrative Services, produces the *Bulletin* under authority of Section 63G-3-402.

The Portable Document Format (PDF) version of the *Bulletin* is the official version. The PDF version of this issue is available at https://rules.utah.gov/. Any discrepancy between the PDF version and other versions will be resolved in favor of the PDF version.

Inquiries concerning the substance or applicability of an administrative rule that appears in the *Bulletin* should be addressed to the contact person for the rule. Questions about the *Bulletin* or the rulemaking process may be addressed to: Office of Administrative Rules, PO Box 141007, Salt Lake City, Utah 84114-1007, telephone 801-538-3003. Additional rulemaking information and electronic versions of all administrative rule publications are available at https://rules.utah.gov/.

The information in this *Bulletin* is summarized in the *Utah State Digest (Digest)* of the same volume and issue number. The *Digest* is available by e-mail subscription or online. Visit https://rules.utah.gov/ for additional information.

Office of Administrative Rules, Salt Lake City 84114

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Utah state bulletin.

Semimonthly.

- Delegated legislation--Utah--Periodicals.
 Administrative procedure--Utah--Periodicals.
 Utah. Office of Administrative Rules.

KFU440.A73S7 348.792'025--DDC

85-643197

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SPECIAL NOTICES

Health Health Care Financing, Coverage and Reimbursement Policy

Notice for April 2019 Medicaid Rate Changes

Effective April 1, 2019, Utah Medicaid will adjust its rates consistent with approved methodologies. Rate adjustments include new codes priced consistent with approved Medicaid methodologies, potential adjustments to existing codes, and nursing home rate changes to case mix components consistent with adopted payment methodology. All rate changes are posted to the web and can be viewed at: http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php.

End of the Special Notices Section

NOTICES OF PROPOSED RULES

A state agency may file a Proposed Rule when it determines the need for a substantive change to an existing rule. With a Notice of Proposed Rule, an agency may create a new rule, amend an existing rule, repeal an existing rule and reenact a new rule. Filings received between February 16, 2019, 12:00 a.m., and March 01, 2019, 11:59 p.m. are included in this, the March 15, 2019, 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 (example). Deletions made to existing rules are struck out with brackets surrounding them ([example]). Rules being repealed are completely struck out. A row of dots in the text between paragraphs (.....) indicates that unaffected text from within a section was removed to conserve space. Unaffected sections are not usually printed. If a Proposed Rule is too long to print, the Office of Administrative Rules may include only the Rule Analysis. A copy of each rule that is too long to print is available from the filing agency or from the Office 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 April 15, 2019. The agency may accept comment beyond this date and will indicate 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 hold a hearing on a specific Proposed Rule. Section 63G-3-302 requires that a hearing request be received by the agency proposing the rule "in writing not more than 15 days after the publication date of the proposed rule."

From the end of the public comment period through <u>July 13, 2019</u>, the agency may notify the Office 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 seven calendar days after the close of the public comment period 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 Office of Administrative Rules does not receive a **Notice** of **Effective Date** or a **Change in Proposed Rule**, the **Proposed Rule** lapses.

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 Section 63G-3-301, Rule R15-2, and Sections R15-4-3, R15-4-4, R15-4-5a, R15-4-9, and R15-4-10.

The Proposed Rules Begin on the Following Page

Commerce, Occupational and Professional Licensing **R156-55e**

Elevator Mechanics Licensing Rule

NOTICE OF PROPOSED RULE

(Amendment)
DAR FILE NO.: 43542
FILED: 02/26/2019

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: These amendments will extend the expiration date for a temporary elevator mechanic license to allow temporary mechanics to perform the work of erecting, constructing, installing, altering, servicing, maintaining, or repairing elevators during peak construction times when there is a shortage of licensed elevator mechanics. These amendments are recommended by the Construction Services Commission in collaboration with representatives from the elevator industry.

SUMMARY OF THE RULE OR CHANGE: In Sections R156-55e-102, R156-55e-302a, and R156-55e-302b, these proposed nonsubstantive changes update citations and make minor typographical corrections. In Section R156-55e-302c. this proposed amendment extends the expiration date of a temporary elevator mechanic license from 90 days to 180 days, to allow a temporary mechanic to perform the work of constructing, installing, altering, maintaining, or repairing an elevator during times when there is a shortage of licensed elevator mechanics. This section also provides an extension date for a renewal of the temporary mechanics license from 90 days to 180 days making it possible to be licensed for up to one year as a temporary elevator mechanic.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 58-55-101 and Subsection 58-1-106(1) (a) and Subsection 58-1-202(1)(a) and Subsection 58-55-302(3)(m) and Subsection 58-55-308(1)(a)

ANTICIPATED COST OR SAVINGS TO:

♦ THE STATE BUDGET: The proposed amendment to Section R156-55e-302c will have a minimal fiscal impact to the state. There will be approximately 10 temporary elevator mechanic applications processed in the first fiscal year by the Division of Occupational and Professional Licensing (Division), with approximately 5 per subsequent fiscal years. This will result in a cost of approximately \$300 in FY20 for 5 hours of license application processing time at \$30/hour and approximately \$150 for FY21 and all subsequent fiscal years. There will also be a minimal cost to the Division of approximately \$75 to print and distribute this rule once these proposed amendments are made effective. Costs will be

offset by the Division charging a fee of \$50 per application resulting in approximately \$500 in FY20 and approximately \$250 for FY21 and all subsequent fiscal years. These proposed amendments may also result in indirect fiscal and non-fiscal benefits to state entities that hire elevator contractors for elevator work, as they may experience cost saving impacts from having additional licensees available to perform the work. However, the exact indirect impacts cannot be estimated because any benefits experienced will vary widely depending on agency requirements.

- ♦ LOCAL GOVERNMENTS: The proposed amendment to Section R156-55e-302c is not expected to directly impact local governments' revenues or expenditures because the amendment only extend the expiration date of the temporary mechanic license, and local governments neither enforce nor are affected by these time frames and application processes. These proposed amendments may also result in indirect fiscal and non-fiscal benefits to local government entities that hire elevator contractors for elevator work, as they may experience cost saving impacts from having additional licensees available to perform the work. However, the exact indirect impacts cannot be estimated because any benefits experienced will vary widely depending on local government requirements.
- ♦ SMALL BUSINESSES: The proposed amendment to Section R156-55e-302c is expected to cause small businesses who hire elevator contractors for elevator work within their commercial construction projects (NAICS 236220) to experience cost saving impacts on their business projects by having additional licensees available to perform the work. The Division estimates that this could result in a fiscal benefit for approximately 400 small business commercial contractors throughout the industry. The full fiscal impact on these small businesses cannot be estimated because the benefits that they may experience from increased workforce employment will vary widely depending on the requirements of the businesses and the individual characteristics of each employed licensee.
- PERSONS OTHER THAN SMALL BUSINESSES. BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: The proposed amendment to Section R156-55e-302c is expected to create a fiscal benefit for individuals who will be able to obtain a temporary elevator mechanic license as they work toward the experience requirement for full licensure as an elevator mechanic. This will include elevator technicians who have a minimum of 3,550 hours of experience, but less than the 6,000 hours of experience required to apply for full licensure. This proposed amendment will also create a fiscal benefit for individuals who are able to obtain employment as a licensed temporary elevator mechanic and earn wages approximately \$9/hour higher than a laborer's wages in the same profession. The elevator industry estimates that there will be approximately 10 to 12 active temporary elevator mechanic's licensees at any given time. The full benefits these other persons will experience from increased employment opportunities are inestimable as the beneficial impact will vary widely depending on the requirements of their employers and the individual characteristics of each licensee.

COMPLIANCE COSTS FOR AFFECTED PERSONS: These proposed amendments are not expected to impose compliance costs upon any affected persons because it only extends the expiration date of the temporary elevator mechanic license.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: These amendments will extend the expiration date for a temporary elevator mechanic license to allow temporary mechanics to perform the work of erecting, constructing, installing, altering, servicing, maintaining, or repairing elevators during peak construction times when there is a shortage of licensed elevator mechanics. amendments are recommended by the Construction Services Commission in collaboration with representatives from the elevator industry. In Sections R156-55e-102, R156-55e-302a, and R156-55e-302b, these proposed nonsubstantive changes update citations and make minor typographical corrections. In Section R156-55e-302c, these proposed amendments extend the expiration date of a temporary elevator mechanic license from 90 days to 180 days, to allow a temporary mechanic to perform the work of erecting, constructing, installing, altering, servicing, maintaining, or repairing an elevator during times when there is a shortage of licensed elevator mechanics. This section also provides an extension date for a renewal of the temporary mechanics license from 90 days to 180 days making it possible to be licensed for up to one year as a temporary elevator mechanic. Small Businesses: These proposed amendments to Section R156-55e-302c are expected to cause small businesses who hire elevator contractors for elevator work within their commercial construction projects (NAICS 236220) to experience cost saving impacts on their business projects by having additional licensees available to perform the work. The Division estimates that this could result in a fiscal benefit for approximately 400 small business commercial contractors throughout the industry. The full fiscal impact on these small businesses cannot be estimated because the benefits that they may experience from increased workforce employment will vary widely depending on the requirements of the businesses and the individual characteristics of each employed licensee. Non-small Businesses: These proposed amendments to Section R156-55e-302c will impact any nonsmall businesses such as elevator contractors or installers (NAICS 238211) who may seek to employ temporary elevator mechanics to increase their workforce. Based upon input from the elevator industry, the Division estimates that there are approximately 11 non-small businesses who may seek to employ temporary elevator mechanics while there is a shortage of licensed elevator mechanics during construction These amendments may impact non-small peaks. businesses revenues or expenditures based upon hiring Additionally, non-small businesses who hire practices. elevator contractors for elevator erecting, constructing, installing, altering, servicing, maintaining, or repairing within their commercial construction projects (NAICS 236220) may experience cost saving impacts with additional licensees available to perform the work. The Division estimates that

this may apply to the approximately 150 non-small business commercial contractors throughout the industry. The full fiscal and non-fiscal benefits for these non-small businesses cannot be estimated because the impacts that non-small businesses may experience from increased workforce employment will vary widely depending on the requirements of the non-small businesses and the individual characteristics of each licensed employee.

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

COMMERCE
OCCUPATIONAL AND PROFESSIONAL
LICENSING
HEBER M WELLS BLDG
160 E 300 S
SALT LAKE CITY, UT 84111-2316
or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Robyn Barkdull by phone at 801-530-6727, by FAX at 801-530-6511, or by Internet E-mail at rbarkdull@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 04/15/2019

INTERESTED PERSONS MAY ATTEND A PUBLIC HEARING REGARDING THIS RULE:

♦ 03/27/2019 09:00 AM, Heber Wells Bldg, 160 E 300 S, Conference Room 474 (fourth floor), Salt Lake City, UT

THIS RULE MAY BECOME EFFECTIVE ON: 04/22/2019

AUTHORIZED BY: Mark Steinagel, Director

Fiscal Costs	FY 2019	FY 2020	FY 2021
State Government	\$375	\$150	\$150
Local Government	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Person	\$0	\$0	\$0
Total Fiscal Costs:	\$350	\$150	\$150
Fiscal Benefits			
State Government	\$500	\$250	\$250
Local Government	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Benefits:	\$500	\$250	\$250

Net Fiscal Benefits:	\$125	\$100	\$100

*This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts for State Government, Local Government, Small Businesses and Other Persons are described above. Inestimable impacts for Non-Small Businesses are described below.

Appendix 2: Regulatory Impact to Non-Small Businesses (50 or more employees)

The proposed amendment to R156-55e-302c will impact any non-small businesses such as elevator contractors or installers (NAICS 238211) who may seek to employ temporary elevator mechanics to increase their workforce. Based upon input from the elevator industry, the Division estimates that there are approximately 11 non-small businesses who may seek to employ temporary elevator mechanics while there is a shortage of licensed elevator mechanics during construction peaks. This amendment may impact non-small business revenues or expenditures, based upon hiring practice. Additionally, non-small businesses who hire elevator contractors for elevator erecting, constructing, installing, altering, servicing, maintaining, or repairing within their commercial construction projects (NAICS 236220) may experience cost saving impacts with additional licensees available to perform the work. The Division estimates that this may apply to the approximately 150 non-small business commercial contractors throughout the industry. The full fiscal and non-fiscal benefits for these non-small businesses cannot be estimated because the impacts that non-small businesses may experience from increased workforce employment will vary widely depending on the requirements of the non-small businesses and the individual characteristics of each licensed employee.

The Executive Director of the Department of Commerce, Francine A. Giani, has reviewed and approved this fiscal analysis.

R156. Commerce, Occupational and Professional Licensing. R156-55e. Elevator Mechanics Licensing Rule. R156-55e-102. Definitions.

In addition to the definitions in Title 58, Chapters 1 and 55, as used in Title 58, Chapters 1 and 55, or this rule:

- (1) "Employee", as used in Subsection 58-55-102([47]18) and this rule, means an individual providing labor services for compensation who has federal and state taxes withheld and worker's compensation and unemployment insurance provided by the individual's employer.
- (2) "Immediate supervision", as used in Subsection 58-55-102([46]26) and this rule, means reasonable direction, oversight, inspection, and evaluation of the work of a person, in or out of the immediate presence of the supervising person, so as to ensure that the end result complies with the applicable standards.
- (3) "Unprofessional conduct", as defined in Title 58, Chapters 1 and 55, is further defined, in accordance with Subsection 58-1-203(1), in Section R156-55e-502.

R156-55e-302a. Qualifications for Licensure - Experience and Education Requirements.

In accordance with Subsections 58-1-203(1)(b) and 58-1-301(3), the experience requirements in Subsections 58-55-302(1)(e) [(v)](iv)(C) and 58-55-302(3)(m)(i)(A) and (C) are further clarified and established below.

- (1)(a) The required three years of experience and education shall mean 6,000 hours of training.
- (b) An applicant may earn no more than 2,000 hours of training in any 12-month period.

- (c) The required training shall be within the past ten years from the date of application for licensure.
- (d) The required training shall be obtained as an employee working:
- (i) under the immediate supervision of a licensed elevator contractor where licensure is required; or
- (ii) under an employer meeting similar qualifications as those of a licensed elevator contractor where licensure is not required.
 - (e) No credit shall be given for training obtained illegally.
- (2) The requirements of Subsection (1) may be met by completing a program resulting in the award of a certification from:
 - (a) the Canadian Elevator Industry Education Program;
- (b) the National Association of Elevator Contractors Certified Elevator Technician Education Program;
 - (c) the National Elevator Industry Education Program; or
- (d) any other program that meets the requirements of Subsection 58-55-302(3)(m)(i)(C) as determined by the Commission with the concurrence of the Division Director.

R156-55e-302b. Qualifications for Licensure - Examination Requirements.

- (1) In accordance with Subsection 58-55-302(3)(m)(i) (B), an applicant for licensure as an elevator mechanic[at] shall:
- (a) pass the Utah Elevator Examination with a score of not less than 75%; or
 - (b) complete one of the following certification programs:
 - (i) the Canadian Elevator Industry Education Program;
- (ii) the National Association of Elevator Contractors Certified Elevator Technician Education Program;
- (iii) the National Elevator Industry Education Program; or
- (iv) any other program that meets the requirements of Subsection 58-55-302(3)(m)(i)(C) as determined by the Commission with the concurrence of the Division Director.
- (2) An applicant for licensure who fails the Utah Elevator Examination may retake the failed examination as follows:
- (a) no earlier than 30 days following any failure, up to three failures; and
- (b) no earlier than six months following any failure thereafter.

R156-55e-302c. Qualifications for Licensure - Temporary License Requirements.

- (1) The Division may issue a temporary license when:
- (a) a licensed elevator contractor notifies the Division that the contractor cannot find a licensed elevator mechanic to perform the work of erecting, constructing, installing, altering, servicing, repairing, or maintaining an elevator, which is confirmed by the Division;
- (b) the contractor requests the Division to issue a temporary elevator mechanic license to an individual;
- (c) the individual submits an application for temporary licensure accompanied by the appropriate application fee; and
- (d) the contractor certifies that the individual has completed 3,550 hours of training that meets the requirements of Section R156-55e-302a.

- (2) The expiration date of the temporary license shall be the expected duration of the shortage of licensed elevator mechanics, but shall not exceed [90]180 days.
- (3) A temporary license may be renewed if a shortage of elevator mechanics is ongoing on the expiration date of the license, but shall not exceed [90]180 days.

KEY: elevator mechanics, licensing

Date of Enactment or Last Substantive Amendment: [November 8, 2010] 2019

Notice of Continuation: September 14, 2015

Authorizing, and Implemented or Interpreted Law: 58-1-106(1) (a); 58-1-202(1)(a); 58-55-101; 58-55-308(1)(a); 58-55-302(3)(m)

Health, Health Care Financing, Coverage and Reimbursement Policy R414-49

Dental, Oral and Maxillofacial Surgeons and Orthodontia

NOTICE OF PROPOSED RULE

(Amendment)
DAR FILE NO.: 43536
FILED: 02/25/2019

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of these changes are to update and implement, by rule, Medicaid policy for dental and orthodontic services, and to implement the provisions of H.B. 435, which passed during the 2018 General Session, which provide dental benefits to certain adults in the Medicaid program.

SUMMARY OF THE RULE OR CHANGE: These amendments define the scope of dental services available to members under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. They also define the scope of dental services available to pregnant members, blind or disabled members, and includes provisions for Targeted Adult Medicaid (TAM) members who receive treatment in a substance abuse treatment program. This rule text also includes provisions for emergency dental.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 26-1-5 and Section 26-18-3

ANTICIPATED COST OR SAVINGS TO:

- ♦ THE STATE BUDGET: There is an expected cost of \$3,194,171 through State Fiscal Year (SFY) 2021, with the expansion of dental services to certain adults in the Medicaid program.
- ♦ LOCAL GOVERNMENTS: There is no impact on local governments because they neither fund nor provide dental services under the Medicaid program.

- ♦ SMALL BUSINESSES: Small businesses may see a share of revenue up to \$3,194,171 through SFY 2021, with the expansion of dental services to certain adults in the Medicaid program.
- ♦ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: Medicaid providers may see a share of revenue up to \$3,194,171 through SFY 2021, with the expansion of dental services to certain adults in the Medicaid program. Likewise, Medicaid members who become eligible for these services may see out-of-pocket savings based on that amount.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs to a single Medicaid provider or to a Medicaid member because these changes can only result in increased revenue and out-of-pocket savings.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Businesses will see an increase in revenue with the expanded availability of adult dental services.

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

HEALTH
HEALTH CARE FINANCING,
COVERAGE AND REIMBURSEMENT POLICY
CANNON HEALTH BLDG
288 N 1460 W
SALT LAKE CITY, UT 84116-3231
or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Craig Devashrayee by phone at 801-538-6641, by FAX at 801-538-6099, or by Internet E-mail at cdevashrayee@utah. gov or mail at PO Box 143102, Salt Lake City, UT 84114-3102

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 04/15/2019

THIS RULE MAY BECOME EFFECTIVE ON: 04/22/2019

AUTHORIZED BY: Joseph Miner, MD, Executive Director

Appendix 1: Regulatory Impact Summary Table*

Fiscal Costs	FY 2019	FY 2020	FY 2021
State Government	\$600,000	\$1,263,600	\$1,330,571
Local Government	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Person	\$0	\$0	\$0
Total Fiscal Costs:	\$600,000	\$1,263,600	\$1,330,571

Fiscal Benefits			
State Government	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Small Businesses	\$600,000	\$1,263,600	\$1,330,571
Non-Small Businesses	\$600,000	\$1,263,600	\$1,330,571
Other Persons	\$600,000	\$1,263,200	\$1,330,571
Total Fiscal Benefits:	\$600,000	\$1,263,200	\$1,330,571
Net Fiscal Benefits:	\$600,000	\$1,263,200	\$1,330,571

*This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts for State Government, Local Government, Small Businesses and Other Persons are described in the narrative. Inestimable impacts for Non-Small Businesses are described in Appendix 2.

Appendix 2: Regulatory Impact to Non-Small Businesses

About 1,600 non-small business providers of dental and orthodontic services may see a share of revenue that totals \$3,194,171 through State Fiscal Year 2021.

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

R414-49. Dental, Oral and Maxillofacial Surgeons and Orthodontia.

R414-49-1. Introduction.

The Medicaid Dental Program provides a scope of dental services for Medicaid recipients in accordance with the Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual and Attachment 4.19-B of the Medicaid State Plan, as incorporated into Section R414-1-5.

[R414-49-2. Dental Services for the Blind or Disabled.

- (1) Introduction and Authority.
- (a) This section defines the scope of dental services-available to blind or disabled Medicaid members who are 18 years of age or older
- (b) Dental services are authorized by 42 CFR 440.100, 440.120, and 483.460. This rule is also authorized under Sections 26-1-5 and 26-18-3.
- (2) Definitions.
- (a) "Dental services" whether furnished in the office, a-hospital, a skilled nursing facility, or elsewhere, means covered-services performed within the scope of the Medicaid dental provider's license as defined in Title 58, Occupations and Professions.
- (b) "Blind or disabled" is as defined in Subsection 1614(a) of the Social Security Act.
 - (3) Client Eligibility Requirements.
- (a) Dental Services are available to blind or disabled-members who are 18 years of age or older.
 - (4) Program Access Requirements.
- (a) Dental services are available only from a dental provider who has a current Utah Medicaid provider agreement, and hascomplied with all relevant laws and policy.
 - (5) Covered Services.
- (a) Covered Services and limitations are maintained in the Utah Medicaid Coverage and Reimbursement Code Lookup and the

Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual.

R414-49-2. Definitions.

In addition to the definitions in Rule R414-1 and the Utah Medicaid Provider Manual, Section I: General Information, the following definitions apply to this rule:

- (a) "Anterior tooth" means tooth numbers 6 through 11; 22 through 27; C through H; and M through R.
- (b) "Dental services" whether furnished in the office, a hospital, a skilled nursing facility, or elsewhere, means covered services performed within the scope of the Medicaid enrolled dental provider's license as defined in Title 58, Occupations and Professions.
- (c) "Posterior tooth" means tooth numbers 1 through 5; 12 through 21; 28 through 32; A through B; I through L; and S through T.

R414-49-3. Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

This section defines the scope of dental services available to members who are eligible under the EPSDT program, and includes comprehensive and preventive health care services.

- (1) Program Access Requirements.
- (a) Dental services are available only through an enrolled dental provider that complies with all relevant laws and policy.
 - (2) Coverage and Limitations.
- (a) Dental services are provided only within the parameters of generally accepted standards of dental practice and are subject to limitations and exclusions established by Medicaid.
- (b) Dental services are subject to limitations and exclusions of medical necessity and utilization control considerations or conditions.
- (c) Additional service limitations and exclusions are maintained in the Coverage and Reimbursement Code Look-up Tool and the Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual. These limitations and exclusions are updated in the Medicaid Information Bulletin.
- (d) Medicaid will reimburse one evaluation per member per day, even if more than one provider is involved from the same office or clinic. Multiple exams for the same date of service are not covered.
- (e) Medicaid includes in the global payment, and does not reimburse separately, denture adjustments performed by the original provider within six months of a member receiving a denture.
- (f) Medicaid may cover third-molar extractions when at least one of the third molars has documented pathology that requires extraction. By discretion, a provider may remove the remaining third molars during the same procedure.
- (g) Medicaid covers the treatment of temporomandibular joint fractures, but does not cover other temporomandibular joint treatments.
- (h) The laboratory or pathologist must submit claims directly to Medicaid for payment of laboratory services.
- (3) Medicaid does not cover the following types of dental services:
 - (a) Composite resin fillings on posterior teeth;
- (b) Cast crowns (porcelain fused to metal) on posterior permanent teeth or on primary teeth;

- (c) Pulpotomies or pulpectomies on permanent teeth, except in the case of an open apex;
 - (d) Fixed bridges or pontics;
 - (e) All types of dental implants;
 - (f) Tooth transplantation;
 - (g) Ridge augmentation;
 - (h) Osteotomies;
 - (i) Vestibuloplasty;
 - (j) Alveoloplasty;
- (k) Occlusal appliances, habit control appliances, or interceptive orthodontic treatment;
- (l) Treatment for temporomandibular joint syndrome, sequela, subluxation, or other therapies;
- (m) Procedures such as arthrostomy, meniscectomy, or condylectomy;
 - (n) Nitrous oxide analgesia;
 - (o) House calls;
- (p) Consultation or second opinions not requested by Medicaid;
- (q) Services provided without prior authorization;
 - (r) General anesthesia for removal of an erupted tooth;
 - (s) Oral sedation for behavior management:
- (t) Temporary dentures or temporary stayplate partial dentures;
- (u) Limited orthodontic treatment, including removable appliance therapies;
- (v) Removable appliances in conjunction with fixed banded treatment; and
- (w) Extraction of primary teeth at or near the time of exfoliation, as evidenced by mobility or loosening of the teeth.
 - (4) Dental Spend-Ups.
- (a) A Medicaid member may choose to upgrade a covered service to a non-covered service if the member assumes the responsibility for the difference in fees for the following dental procedures:
- (i) Covered amalgam fillings to non-covered composite resin fillings;
- (ii) Covered stainless steel crowns to non-covered porcelain or cast gold crowns; or
- (iii) Covered anterior stainless steel crowns (deciduous) to non-covered anterior stainless steel crowns with facings (composite facings added or commercial or lab-prepared facings).

R414-49-4. Pregnant Members.

This section defines the scope of dental services available to pregnant members who are eligible for Traditional Medicaid. Dental services extend for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60 days lapse.

- (1) Program Access Requirements.
- (a) Dental services are available only through an enrolled dental provider that complies with all relevant laws and policy.
 - (2) Coverage and Limitations.
- (a) Dental services are provided only within the parameters of generally accepted standards of dental practice and are subject to limitations and exclusions established by Medicaid.
- (b) Dental services are subject to limitations and exclusions of medical necessity and utilization control considerations or conditions.

- (c) Additional service limitations and exclusions are maintained in the Coverage and Reimbursement Code Look-up Tool and the Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual. These limitations and exclusions are updated in the Medicaid Information Bulletin.
- (d) Medicaid will reimburse one evaluation per member per day, even if more than one provider is involved from the same office or clinic. Multiple exams for the same date of service are not covered.
- (e) Medicaid includes in the global payment, and does not reimburse separately, denture adjustments performed by the original provider within six months of a member receiving a denture.
- (f) Medicaid may cover third molar extractions when at least one of the third molars has documented pathology that requires extraction. By discretion, a provider may remove the remaining third molars during the same procedure.
- (g) Medicaid covers the treatment of temporomandibular joint fractures, but does not cover other temporomandibular joint treatments.
- (h) The laboratory or pathologist must submit claims directly to Medicaid for payment of laboratory services.
- (3) Medicaid does not cover the following types of dental services:
 - (a) Composite resin fillings on posterior teeth;
- (b) Cast crowns (porcelain fused to metal) on posterior permanent teeth or on primary teeth;
- (c) Pulpotomies or pulpectomies on permanent teeth, except in the case of an open apex;
 - (d) Fixed bridges or pontics;
 - (e) All types of dental implants;
 - (f) Tooth transplantation;
 - (g) Ridge augmentation;
 - (h) Osteotomies;
 - (i) Vestibuloplasty;
 - (i) Alveoloplasty;
- (k) Occlusal appliances, habit control appliances, or interceptive orthodontic treatment;
- (l) Treatment for temporomandibular joint syndrome, sequela, subluxation, or other therapies;
- (m) Procedures such as arthrostomy, meniscectomy, or condylectomy;
 - (n) Nitrous oxide analgesia;
 - (o) House calls;
- (p) Consultation or second opinions not requested by Medicaid;
 - (q) Services provided without prior authorization;
 - (r) General anesthesia for removal of an erupted tooth;
 - (s) Oral sedation for behavior management;
- (t) Temporary dentures or temporary stayplate partial dentures;
- (u) Limited orthodontic treatment, including removable appliance therapies;
- (v) Removable appliances in conjunction with fixed banded treatment; and
- (w) Extraction of primary teeth at or near the time of exfoliation, as evidenced by mobility or loosening of the teeth.

- (4) Dental Spend-Ups.
- (a) A Medicaid member may choose to upgrade a covered service to a non-covered service if the member assumes the responsibility for the difference in fees for the following dental procedures:
- (i) Covered amalgam fillings to non-covered composite resin fillings;
- (ii) Covered stainless steel crowns to non-covered porcelain or cast gold crowns; or
- (iii) Covered anterior stainless steel crowns (deciduous) to non-covered anterior stainless steel crowns with facings (composite facings added or commercial or lab-prepared facings).

R414-49-5. Blind or Disabled Members.

This section defines the scope of dental services available to blind or disabled members eligible for Traditional Medicaid who are 18 years of age or older, as defined in Subsection 1614(a) of the Social Security Act. Services are authorized by a federal waiver of Medicaid requirements approved by the Centers for Medicare & Medicaid Services, and allowed under Section 1115 of the Social Security Act.

- (1) Program Access Requirements.
- (a) Dental services are available only through an enrolled dental provider that complies with all relevant laws and policy.
 - (2) Coverage and Limitations.
- (a) Dental services are provided only within the parameters of generally accepted standards of dental practice and are subject to limitations and exclusions established by Medicaid.
- (b) Dental services are subject to limitations and exclusions of medical necessity and utilization control considerations or conditions.
- (c) Additional service limitations and exclusions are maintained in the Coverage and Reimbursement Code Look-up Tool and the Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual. These limitations and exclusions are updated in the Medicaid Information Bulletin.
- (d) Medicaid will reimburse one evaluation per member per day, even if more than one provider is involved from the same office or clinic. Multiple exams for the same date of service are not covered.
- (e) Medicaid includes in the global payment, and does not reimburse separately, denture adjustments performed by the original provider within six months of a member receiving a denture.
- (f) Medicaid may cover third molar extractions when at least one of the third molars has documented pathology that requires extraction. By discretion, a provider may remove the remaining third molars during the same procedure.
- (g) Medicaid covers the treatment of temporomandibular joint fractures, but does not cover other temporomandibular joint treatments.
- (h) The laboratory or pathologist must submit claims directly to Medicaid for payment of laboratory services.
- (3) Medicaid does not cover the following types of dental services:
 - (a) Composite resin fillings on posterior teeth;
- (b) Cast crowns (porcelain fused to metal) on posterior permanent teeth or on primary teeth;

- (c) Pulpotomies or pulpectomies on permanent teeth, except in the case of an open apex;
 - (d) Fixed bridges or pontics;
 - (e) All types of dental implants;
 - (f) Tooth transplantation;
 - (g) Ridge augmentation;
 - (h) Osteotomies;
 - (i) Vestibuloplasty;
 - (j) Alveoloplasty;
- (k) Occlusal appliances, habit control appliances, or interceptive orthodontic treatment;
- (l) Treatment for temporomandibular joint syndrome, sequela, subluxation, or other therapies;
- (m) Procedures such as arthrostomy, meniscectomy, or condylectomy;
 - (n) Nitrous oxide analgesia;
 - (o) House calls;
- (p) Consultation or second opinions not requested by Medicaid;
 - (q) Services provided without prior authorization;
 - (r) General anesthesia for removal of an erupted tooth;
 - (s) Oral sedation for behavior management:
- <u>(t) Temporary dentures or temporary stayplate partial</u> dentures;
- (u) Limited orthodontic treatment, including removable appliance therapies;
- (v) Removable appliances in conjunction with fixed banded treatment; and
- (w) Extraction of primary teeth at or near the time of exfoliation, as evidenced by mobility or loosening of the teeth.
 - (4) Dental Spend-Ups.
- (a) A Medicaid member may choose to upgrade a covered service to a non-covered service if the member assumes the responsibility for the difference in fees for the following dental procedures:
- (i) Covered amalgam fillings to non-covered composite resin fillings;
- (ii) Covered stainless steel crowns to non-covered porcelain or cast gold crowns; or
- (iii) Covered anterior stainless steel crowns (deciduous) to non-covered anterior stainless steel crowns with facings (composite facings added or commercial or lab-prepared facings).

R414-49-6. Targeted Adult Medicaid (TAM).

This section defines the scope of dental services available to eligible Targeted Adult Medicaid members who are actively receiving treatment in a substance abuse treatment program as defined in Section 62A-2-101, licensed under Title 62A, Chapter 2, Licensure of Programs and Facilities. Services are authorized by a federal waiver of Medicaid requirements approved by the Centers for Medicare & Medicaid Services, and allowed under Section 1115 of the Social Security Act.

- (1) Program Access Requirements.
- (a) Dental services are available only through an enrolled dental provider that complies with all relevant laws and policy.
- (b) Dental services for this population are provided through the University of Utah School of Dentistry (SOD).

- (c) Before performing any dental services, SOD shall obtain verification of active treatment for substance use disorder (SUD) from the substance abuse treatment program. The SOD shall then submit an SUD verification form to Medicaid for each eligible TAM member. The SUD verification form is available in "All Providers General Attachments" on the Utah Medicaid website at https://medicaid.utah.gov.
 - (2) Coverage and Limitations.
- (a) Dental services are provided only within the parameters of generally accepted standards of dental practice and are subject to limitations and exclusions established by Medicaid.
- (b) Dental services are subject to limitations and exclusions of medical necessity and utilization control considerations or conditions.
- (c) Additional service limitations and exclusions are maintained in the Coverage and Reimbursement Code Look-up Tool and the Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual. These limitations and exclusions are updated in the Medicaid Information Bulletin.
- (d) Medicaid will reimburse one evaluation per member per day, even if more than one provider is involved from the same office or clinic. Multiple exams for the same date of service are not covered.
- (e) Medicaid includes in the global payment, and does not reimburse separately, denture adjustments performed by the original provider within six months of a member receiving a denture.
- (f) Medicaid may cover third molar extractions when at least one of the third molars has documented pathology that requires extraction. By discretion, a provider may remove the remaining third molars during the same procedure.
- (g) Medicaid covers the treatment of temporomandibular joint fractures, but does not cover other temporomandibular joint treatments.
- (h) The laboratory or pathologist must submit claims directly to Medicaid for payment of laboratory services.
- (3) Medicaid does not cover the following types of dental services:
 - (a) Composite resin fillings on posterior teeth;
- (b) Cast crowns (porcelain fused to metal) on posterior permanent teeth or on primary teeth;
- (c) Pulpotomies or pulpectomies on permanent teeth, except in the case of an open apex;
 - (d) Fixed bridges or pontics;
 - (e) All types of dental implants;
 - (f) Tooth transplantation;
 - (g) Ridge augmentation;
 - (h) Osteotomies;
 - (i) Vestibuloplasty;
 - (i) Alveoloplasty;
- (k) Occlusal appliances, habit control appliances or interceptive orthodontic treatment;
- (1) Treatment for temporomandibular joint syndrome, sequela, subluxation, or other therapies;

- (m) Procedures such as arthrostomy, meniscectomy, or condylectomy;
 - (n) Nitrous oxide analgesia;
 - (o) House calls;
- (p) Consultation or second opinions not requested by Medicaid;
 - (q) Services provided without prior authorization;
 - (r) General anesthesia for removal of an erupted tooth;
 - (s) Oral sedation for behavior management;
- (t) Temporary dentures or temporary stayplate partial dentures;
- (u) Limited orthodontic treatment, including removable appliance therapies;
- (v) Removable appliances in conjunction with fixed banded treatment; and
- (w) Extraction of primary teeth at or near the time of exfoliation, as evidenced by mobility or loosening of the teeth.
 - (4) Dental Spend-Ups.
- (a) A Medicaid member may choose to upgrade a covered service to a non-covered service if the member assumes responsibility for the difference in fees for the following dental procedures:
- (i) Covered amalgam fillings to non-covered composite resin fillings:
- (ii) Covered stainless steel crowns to non-covered porcelain or cast gold crowns; and
- (iii) Covered anterior stainless steel crowns (deciduous) to non-covered anterior stainless steel crowns with facings (composite facings added or commercial or lab prepared facings).

R414-49-7. Emergency Dental.

This section defines the scope of dental services available to members who are otherwise eligible under the Medicaid program.

- (1) Program Access Requirements.
- (a) Dental services are available only through an enrolled dental provider that complies with all relevant laws and policy.
 - (2) Coverage and Limitations.
- (a) Emergency dental services are the treatment of a sudden and acute onset of a dental condition that requires immediate treatment, where delay in treatment would jeopardize or cause permanent damage to a person's dental or medical health.
- (b) Emergency dental service limitations and exclusions are maintained in the Coverage and Reimbursement Code Look-up Tool and the Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual. These limitations and exclusions are updated in the Medicaid Information Bulletin.

KEY: Medicaid

Date of Enactment or Last Substantive Amendment: [July 1, 2017|2019

Notice of Continuation: June 17, 2014

Authorizing, and Implemented or Interpreted Law: 26-1-5; 26-18-3

Health, Center for Health Data, Health Care Statistics R428-1

Health Data Plan and Incorporated Documents

NOTICE OF PROPOSED RULE

(Amendment)
DAR FILE NO.: 43544
FILED: 02/27/2019

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rule change reports the correct Data Submittal Guide that should be used by submitters to Utah's Health Care Facility Database.

SUMMARY OF THE RULE OR CHANGE: The amendment makes one technical change explained in summary below; clarifies Version 2.1 of Utah Healthcare Facility Data Submission Guide should be used by all facility submitters for data submissions going forward. All facilities that generate emergency department encounters shall submit all data-ambulatory surgery, inpatient, and emergency department encounter data--following the monthly schedule outlined in this rule. In sum, each monthly submission of emergency department data will contain two months of data: a new month and an old month. The new month will be the first submission of that month's data. For this data, the facility will have had 15 days to clean-up and submit the data. The old month will be a resubmission of the prior month's data. The old data will have had 45-days for clean-up and submission. This should ensure that the final monthly data are consistent with the quarterly processing data.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 26-33a-109

MATERIALS INCORPORATED BY REFERENCE:

- ◆ Adds Utah Healthcare Facility Data Submission Guide, published by Utah Department of Health, 04/22/2019
- ◆ Removes Utah Healthcare Facility Data Submission Guide, published by Utah Department of Health, 02/16/2016

ANTICIPATED COST OR SAVINGS TO:

♦ THE STATE BUDGET: This rule change is not expected to have any fiscal impact on state government revenues or expenditures because it only clarifies the version of Data Submitter Guide (DSG) expected for use by data submitters to Utah's Health Care Facility Database. The Utah Department of Health (Department) has determined enactment of the amended version will not create any cost or savings impact to the state budget or the Department's

budget, since the change will not increase workload and can be carried out with existing budget.

- ♦ LOCAL GOVERNMENTS: This rule change is not expected to have any fiscal impact on local governments' revenues or expenditures because they are not directly affected by this rule; nor are local governments indirectly impacted because this rule does not create a situation requiring services from local governments.
- ♦ SMALL BUSINESSES: This rule change is not expected to have any fiscal impact on small businesses' revenues or expenditures because all potentially impacted have more than 50 employees. As a result, this rule will have no effect on small businesses budgets for costs or savings.
- ♦ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: Some data suppliers will need to program changes to their system in order to be consistent with the updated guidelines. According to our research, some suppliers may incur cost while others report \$0 as an estimate for compliance. Overall, the Department estimates a one-time compliance cost of \$4,300 per impacted facility submitter (approximately 49 man hours x DTS approved rate of \$88 per hour) to comply with proposed Facility DSG 2.1.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The Department anticipates that some facilities will need to make programming changes to implement the additional flexibility and clarifications. Based on figures reported under other persons above and current submission roster, the Department estimates an industry cost of \$69,000 (16 submitters x \$4,300) to comply with proposed Facility DSG 2.1.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: The proposed amendment clarifies that Version 2.1 of Utah Healthcare Facility Data Submission Guide should be used by all facility submitters, including those facilities that generate emergency department encounters. Some facilities will need to make programming changes to their system in order to be consistent with updated guidelines which is estimated to be a one-time cost of \$4,300.

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

HEALTH
CENTER FOR HEALTH DATA,
HEALTH CARE STATISTICS
CANNON HEALTH BLDG
288 N 1460 W
SALT LAKE CITY, UT 84116-3231
or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ♦ Mike Martin by phone at 801-538-9205, by FAX at 801-538-9916, or by Internet E-mail at mikemartin@utah.gov
- ♦ Norman Thurston by phone at 801-538-7052, by FAX at 801-237-0787, or by Internet E-mail at nthurston@utah.gov or mail at PO Box 144004, Salt Lake City, UT 84114-4004

◆ Stephanie Saperstein by phone at 801-538-6430, or by Internet E-mail at stephaniesaperstein@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 04/15/2019

THIS RULE MAY BECOME EFFECTIVE ON: 04/22/2019

AUTHORIZED BY: Joseph Miner, MD, Executive Director

Appendix 1: Regulatory Impact Summary Table*

Fiscal Costs	FY 2019	FY 2020	FY 2021
State Government	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$69,000	\$22,400	\$22,400
Other Person	\$0	\$0	\$0
Total Fiscal Costs:	\$0	\$0	\$0
Fiscal Benefits			
State Government	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Benefits:	\$0	\$0	\$0
Net Fiscal Benefits:	\$0	\$0	\$0

*This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts for State Government, Local Government, Small Businesses and Other Persons are described in the narrative. Inestimable impacts for Non-Small Businesses are described in Appendix 2.

Appendix 2: Regulatory Impact to Non-Small Businesses

There are 46 non-small businesses in the industry in question represented by 16 data suppliers. Some data suppliers will need to program changes to their system in order to be consistent with the updated guidelines. According to our research, some suppliers may incur cost while others report 0 as an estimate for compliance. Overall, the Division estimates a one-time compliance cost of \$1,500 per impacted non-business (approximately 17 man hours x DTS approved rate of \$88 per hour) to comply with proposed Facility DSG 2.1. Based on these figures and current submission roster, the Division estimates FY19 industry cost of \$69,000 (16 submitters x \$4,300) to comply with proposed Facility DSG 2.1. One supplier will incur ongoing cost of \$2,800 per year for seven facilities resulting in increased annual cost of \$22,400.

The Executive Director of the Department of Health, Joseph Miner, MD, has reviewed and approved this fiscal analysis.

R428. Health, Center for Health Data, Health Care Statistics. R428-1. Health Data Plan and Incorporated Documents. R428-1-1. Legal Authority.

This rule is promulgated in accordance with Title 26, Chapter 33a.

R428-1-2. Purpose.

This rule adopts and incorporates documents related to the collection, analysis, and dissemination of data covered in this title.

R428-1-3. Health Data Plan Adoption.

As required by Section 26-33a-104, the Health Data Committee adopts by rule the health data plan dated October 3, 1991.

R428-1-4. Incorporation by Reference.

The following documents are adopted and incorporated by reference:

- (1) "Utah Healthcare Facility Data Submission Guide" means:
- (a) [Utah Healtheare Facility Data Submission Guide; Version 1, January 15, 2016 for data submissions required before February 16, 2018, and
- (b) Utah Healthcare Facility Data Submission Guide, Version 2.1 for data submissions required on or after May 16, 2019;
 - (2) "NCQA Survey Specifications" means:
- (a) HEDIS 2017, Volume 3: Specifications for Survey Measures, published by NCQA for data submissions required before January 1, 2018, and
- (b) HEDIS 2018, Volume 3: Specifications for Survey Measures, published by NCQA for data submissions required on or after January 1, 2018;
 - (3) "NCQA HEDIS Specifications" means:
- (a) HEDIS 2017, Volume 5: HEDIS Compliance Audit: Standards, Policies, and Procedures, published by NCQA for data submissions required before January 1, 2018, and
- (b) HEDIS 2018, Volume 5: HEDIS Compliance Audit: Standards, Policies, and Procedures, published by NCQA for data submissions required on or after January 1, 2018:
 - (4) "Data Submission Guide for Claims Data" means:

(a) Utah All-Payer Claims Database Data Submission Guide Version 3.0 for data submissions required before March 1, 2018, and

(b) Utah All-Payer Claims Database Data Submission Guide Version 3.1 (as corrected on March 15, 2018) for data submissions required on or after March 1, 2018.

KEY: APCD, health, health policy, health planning Date of Enactment or Last Substantive Amendment: [May 25, 2018]2019

Notice of Continuation: November 10, 2016

Authorizing, and Implemented or Interpreted Law: 26-33a-104

Human Services, Substance Abuse and Mental Health **R523-17**

Behavioral Health Crisis Response Systems Standards

NOTICE OF PROPOSED RULE

(Amendment)
DAR FILE NO.: 43555
FILED: 02/28/2019

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: These amendments are being submitted in response to comments made by Local Mental Health Authorities who are tasked with the requirements established in the creation of this rule.

SUMMARY OF THE RULE OR CHANGE: These amendments: 1) make grammatical corrections; 2) remove often repeated phrases that do not add clarity; 3) add that a properly supervised individual who is within three months of taking a Certified Crisis Worker training is able to answer calls on the crisis line; and 4) the revocation section has been changed to "Corrective Action", and the processes and actions adopted have been changed to align with the current practices and actions on other certifications overseen by the Division of Substance Abuse and Mental Health (Division).

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 62A-15-1302(2)

ANTICIPATED COST OR SAVINGS TO:

♦ THE STATE BUDGET: There are no additional costs to the state budget above and beyond those stated in the creation of this rule. These changes clean up language to make this rule easier to understand, and add a programmatic allowance that will not increase costs, but allow greater flexibility in meeting the requirements of the entire rule.

- ♦ LOCAL GOVERNMENTS: There are no additional costs to local governments above and beyond those stated in the creation of this rule. These changes clean up language to make this rule easier to understand, and add a programmatic allowance that will not increase costs, but allow greater flexibility in meeting the requirements of the entire rule.
- ♦ SMALL BUSINESSES: It is anticipated that no small businesses will participate in the certification or development of a crisis line as described in this rule. This rule mostly effects local governments, employees of local governments, and possibly businesses contracted with local governments to provided substance use and/or mental health treatment services (none of which are small businesses at this time).
- ♦ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: There are no additional costs to other persons above and beyond those stated in the creation of this rule. These changes clean up language to make this rule easier to understand, and add a programmatic allowance that will not increase costs, but allow greater flexibility in meeting the requirements of the entire rule.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no additional compliance costs other than those already stated in the creation of this rule. These changes clean up language to make this rule easier to understand, and add a programmatic allowance that will not increase costs, but allow greater flexibility in meeting the requirements of the entire rule.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: After conducting a thorough analysis, it was determined that these rule changes will result in no fiscal impact to businesses.

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

HUMAN SERVICES SUBSTANCE ABUSE AND MENTAL HEALTH 195 N 1950 W SALT LAKE CITY, UT 84116 or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ♦ Jonah Shaw by phone at 801-538-4219, by FAX at 801-538-3942, or by Internet E-mail at jshaw@utah.gov
- ♦ Thomas Dunford by phone at 801-538-4181, by FAX at 801-538-4696, or by Internet E-mail at tdunford@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 04/15/2019

THIS RULE MAY BECOME EFFECTIVE ON: 04/22/2019

AUTHORIZED BY: Doug Thomas, Director

Appendix 1: Regulatory Impact Summary Table*

Fiscal Costs	FY 2019	FY 2020	FY 2021
State Government	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Person	\$0	\$0	\$0
Total Fiscal Costs:	\$0	\$0	\$0
Fiscal Benefits			
State Government	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Benefits:	\$0	\$0	\$0
Net Fiscal Benefits:	\$0	\$0	\$0

*This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts for State Government, Local Government, Small Businesses and Other Persons are described in the narrative. Inestimable impacts for Non-Small Businesses are described in Appendix 2.

Appendix 2: Regulatory Impact to Non-Small Businesses

There are no estimable or inestimable costs or benefits to non-small businesses in this rule. The statute associated with this rule only effect state and local government agencies.

R523. Human Services, Substance Abuse and Mental Health. R523-17. Behavioral Health Crisis Response Systems Standards.

R523-17-1. Authority.

(1) This rule establishes procedures and standards for administration of substance use disorder and mental health services as granted by Section 62A-15-1302.

R523-17-2. Purpose.

(1) This rule [is designed to create]establishes standards of care and practice for statewide behavioral health crisis response system, crisis line services and a certification for crisis workers.

R523-17-3. Intent.

- (1) Create standards of care and practice and certification of crisis workers for statewide behavioral health crisis response system, statewide and local mental health crisis lines.
- (2) Agencies and individuals impacted by this rule have until June 30, 2019 to come into compliance.

R523-17-4. Definitions.

- (1) "Bridging Strategies" are transition strategies that include brief patient education that helps the patient understand his or her condition and what treatment options exist to facilitate patient and family follow-through;
- (a) Provides assistance with understanding and navigating the system of potential supports, preferably from a peer;
- (b) May include counseling by staff from a communitybased organization who can then see the patient for follow-up care after discharge and giving the patient a copy of their safety plan and making sure it is relevant to their current level of care; and
- (c) Sometimes called peer-or community bridging. Also providing onsite counseling.
- (2) "Caring Connection" is defined as a follow up phone call, mailed note, text or e-mail checking back in with the caller. This can be done by crisis staff or other support staff.
- (3) "Caring Contacts" Caring contacts are brief communications with patients during care transitions such as discharge from treatment or when patients miss appointments or drop out of treatment. These contacts, through which care providers continue to show support for a patient, can promote patient's feeling of connection to treatment and increase their participation in collaborative treatment. Caring contacts may be especially helpful for patients who have barriers to outpatient care or are unwilling to access outpatient care.
 - (4) "Certified Crisis Worker" means an individual who:
- (a) meets the standards of qualification or certification that the Division of Substance Abuse and Mental Health (division) sets, in accordance with Section 62A-15-1302; and
- (b) staffs the statewide mental health crisis line or a local mental health crisis line under the supervision of at least one mental health therapist.
- (5) "Local Mental Health Crisis Line" means the same as that term is defined in Subsection 63C-18-102(2).
- (6) "Mental Health Crisis" is defined as any intense behavioral, emotional, or psychiatric situation perceived to be a crisis by the individual experiencing the crisis, family, or others who closely observe the individual. The crisis may include a mental health condition that manifests itself by symptoms of sufficient severity that a prudent layperson who possesses an average knowledge of mental health issues could reasonably expect the absence of immediate attention of intervention to result in:
- (a) serious jeopardy to the individual's health or well-being; or
 - (b) a danger to others; or
- (c) significantly reduced levels of functioning in primary activities of daily living.

- (7) "Mental Health Therapist" is an individual licensed in Utah under the mental health professional practice act as defined in Subsection 58-60-102(5).
- (8) "Statewide mental health crisis line" means the same as that term is defined in Subsection 63C-18-102(3).
- (9) "Rapid Follow-up and Referral" involves taking steps during an emergency department visit or before discharge from inpatient care to facilitate immediate access to an outpatient treatment appointment for the patient, preferably within 24--48 hours after discharge. To facilitate rapid referral, it may be helpful to establish agreements with outpatient providers to accept rapid follow-up referrals.
- "Warm Hand Off" has a goal to increase the likelihood that a patient will follow up on a referral to one provider from another. Rather than simply providing the name and phone number of a provider, a warm hand-off connects the patient with the new provider before the first appointment.

R523-17-5. General Provisions.

- (1) The Behavioral Health Crisis Response System is based on the following principles:
 - (a) cultural competence'
 - (b) strong community relationships,
 - (c) the use of peer supports,
 - (d) the use of evidence based practices,
- (e) building on existing foundations with an eye towards innovation.
 - (f) utilization of an integrated system of care,
 - (g) outreach to students through school-based clinics,
 - (h) trauma Informed, and
 - (i) de-escalation.
- (2) Each component within the behavioral health crisis response system must be capable of serving individuals in the context of a behavioral health crisis including:
 - (a) children, adolescents, adults and older adults,
 - (b) individuals with co-occurring conditions; including:
 - (i) mental health conditions,
 - (ii) substance use disorders,
 - (iii) medical needs,
 - (iv) intellectual/developmental disabilities,
 - (v) physical disabilities,
 - (vi) traumatic brain injuries, and/or
 - (vii) Dementia and related neurological disorders.
 - (c) individuals demonstrating aggressive behavior;
- (d) individuals who are uninsured or unable to pay for services, and
- (e) individuals who may lack Utah residency or legal immigration status.
- (3) Each modality of service within the Behavioral Health Crisis Response System is encouraged to incorporate peer support into the services they provide, when clinically appropriate.

R523-17-6. Certification Requirements of Crisis Workers.

- (1) The division shall certify that a crisis worker is qualified by training, experience, and certification. Certification will require successful completion of training provided by the division.
- (2) Individuals eligible to apply for crisis worker certification include the following:

- (a) Individuals licensed under Utah Department of Professional Licensing for any health or behavioral health license;
- (b) Individuals with a minimum of bachelors degree in a human service related field;
- (c) Individuals certified as a Certified Peer Support Specialist for a minimum of one year;
- (d) Individuals certified as Case Managers for a minimum of one year; or
- (e) Individuals certified as Family Resource Facilitator for a minimum of one year.
- (3) The training curriculum shall provide at least forty (40) hours of training and shall include, didactic information and skill practice using the following components as they relate to crisis intervention:
 - (a) Attitudinal Outcomes:
- (i) acceptance of persons as different from oneself, and a non-judgmental response toward sensitive issues,
- (ii) balances and realistic attitude toward self in the helper role meaning not expecting to "save" all potential suicides by one's own single effort, or to solve all the problems of the distressed person,
 - (iii) a realistic and humane approach to death, dying,
 - (iv) self-destructive behavior and other human issues, and
- (v) coming to terms with one's own feelings about death and dying in so far as these feelings might deter one from helping others.
 - (b) Knowledge Areas:
- (i) basic suicidology, including suicide assessment of desire, intent, capability, and buffers,
- (ii) intervention strategies including active engagement, active rescue, and collaboration, emphasize safety and prevention,
 - (iii) risk of assaulting others,
 - (iv) community resources,
 - (v) consultation process,
 - (vi) record system and program policies,
 - (vii) cultural/diversity awareness,
- (viii) voluntary and involuntary hospitalization criteria and procedures, and
- (ix) psychopathology, psychiatric diagnosis, psychotropic medication, and substance abuse.
 - (c) Skill Areas:
- $\begin{tabular}{ll} (i) & ability & to & assess & in & life-threatening & situations, \\ including risk of suicide and/or homicide, \\ \end{tabular}$
 - (ii) ability to actively engage,
- (iii) ability to mobilize community resources in an efficient and effective manner,
- (iv) ability to respond with respect and effectiveness and render assistance to individuals in crisis and distress with appropriate regard to their cultural, racial or ethnic background; their religion or language, their socioeconomic status; or other diversity factors,
- (v) provide efficient record keeping and policy implementation (e.g. recording essential notes in succinct form within the same work shift so they are useful to the next worker), and
- (vi) use of the consultative process, e.g. knowing who to call under what conditions.
- (3) The curriculum methodology shall include but not be limited to:

- (a) role playing and other experiential based methods,
- (b) use of audiovisual materials, such as simulated recorded calls and videotape,
- (c) an opportunity to function as a co-crisis worker with experienced staff before assignment and to work on an independent basis, and
 - (d) didactic presentation and reading assignments.
- (4) In order to maintain crisis worker certification an individual must:
- (a) Complete at least 8 hours of continuing education (CEUs) every two (2) years pertaining specifically to crisis services.
- (b) shall maintain adequate documentation as proof of compliance with this section, such as a certificate of completion, school transcript, course description, or other course materials,
- (c) shall retain this proof for a period of three years after the end of the renewal cycle for which the continuing education is due; and
- (d) at a minimum, the documentation shall contain the following:
 - (i) date of the course,
 - (ii) name of the course provider,
 - (iii) name of the instructor,
 - (iv) course title,
 - (v) number of hours of continuing education credit; and
 - (vi) course objectives.

R523-17-7. [Revocation] Corrective Action of Certified Crisis Worker Certification.

- (1) [Certified Crisis Workers shall abide by the Provider Code of Conduct pursuant to Section R495-876, and as also found in the Department of Human Services Provider Code of Conduct Policy
- (2) Each employer shall notify the division within 30 days, if a certified crisis worker engages in unprofessional or unlawful conduct.
- (3) The division shall revoke, refuse to certify, or renew a certification to an individual who is substantiated to have engaged in unprofessional or unlawful conduct.
- (4) An individual who has been served a Notice of Agency Action that the certification has been revoked, or will not be renewed may request a Request for Review to the division Director or designee within 30 days of receipt of notice.
- (5) The division Director or designee will review the findings of the Notice of Agency Action and shall determine to uphold, amend or revise the action of denial or revocation of the certification.
- (6) If a certified crisis worker fails to complete the requirements for CEUs, their certificate shall be revoked or allowed to expire and shall not be renewed.
- (7) The crisis workers certification shall be posted and available upon request. Each Certified Crisis Worker shall abide by the Provider Code of Conduct pursuant to Section R495-876, and as also found in the Department of Human Services Provider Code of Conduct Policy.
- (a) Each employer that becomes aware of a Certified Crisis Worker engaging in unprofessional or unlawful conduct, or has violated the provider code of conduct shall:
 - (i) immediately take action to review the allegations,

- (ii) take steps to ensure that all individuals involved with the allegation are protected, and
 - (iii) notify the Division within 30 days.
- (b) Termination of certification shall be made effective immediately if the alleged violation(s) results in one or more of the following:
- (i) personal financial gain through deception, or a business transaction with a client, by the Certified Crisis Worker,
- (ii) physical or emotional harm to a person that is caused by the Certified Crisis Worker, or
- (iii) a financial loss to a client, the State, or another employee that is caused by the Certified Crisis Worker.
- (c) The division shall take the following actions when it becomes aware of a Certified Crisis Worker in violation of the provider code of conduct that does not result in immediate termination:
- (i) Within 30 days of becoming aware of the violation(s), the division shall notify the Certified Crisis Worker, in writing, through a Notice of Agency Action specifying the area(s) of noncompliance.
- (ii) Within 30 days of receiving a notice of Agency Action, the Certified Crisis Worker shall submit an acceptable written plan to the division explaining how they will achieve compliance.
- (iii) All plans shall demonstrate how the Certified Crisis Worker shall be in compliance within 30 days after receiving the Notice of Agency Action.
- (iii) If an acceptable plan of action is not received by the division within 30 days of sending the Notice of Agency Action, the Certified Crisis Worker shall be notified that their certification has been suspended until an acceptable plan is submitted to the Division.
- (iv) A Certified Crisis Worker shall cease providing any and all case management services until a suspension is lifted.
- (d) The division shall revoke the certification of any Certified Crisis Worker for the following reasons:
- (i) The Certified Crisis Worker fails to provide the division with written evidence of compliance to a plan of action within 30 days after the receiving a Notice of Agency Action that their certification has been suspended.
- (ii) The Certified Crisis Worker continues to provide case management services during the period of a suspension; or
- (iii) The Certified Crisis Worker receives more than two notices of noncompliance with the Provider Code of Conduct in a one-year period.
- (e) Any Certified Crisis Worker whose certification has been revoked may request an informal hearing with the division director or designee, in writing, within 10 business days of receiving notice of revocation.
- (f) The division director or designee shall review the request and determine to uphold, amend or reverse the action within 10 business days, and the division shall inform the Certified Crisis Worker of the decision in writing.
- (g) Any Certified Crisis Worker with a revoked certification may not reapply for recertification for a period of twelve months.
- (2) If a Certified Crisis Worker fails to complete the requirements for CEUs, their certificate will be revoked or allowed

to expire, and shall not be renewed until the required CEUs have been completed and submitted to the division for approval.

(3) The crisis worker's certification status shall be posted and available upon request through the division.

R523-17-8. Standards for Local Authority Mental Health Crisis Lines.

- (1) If a Local Mental Health Authority (<u>Local Authority</u>) provides for a local mental health crisis line the Local [<u>Mental Health-</u>]Authority shall:
- (a) maintain a 24 hour/7 days per week comprehensive telephonic system capable of assessing any individual experiencing a self-defined crisis situation, leading to appropriate crisis stabilization and making appropriate referrals,
- (b) collaborate with the statewide mental health crisis line,
- (c) ensure that each individual who answers calls to the local mental health crisis line:
- (i) is a mental health therapist and/or [eertified erisisworker]Certified Crisis Worker, [and]or
- (ii) individuals employed by a Local Authority or the Statewide Crisis Line who is not yet a certified crises worker, and has been hired to provide crisis services as outlined in this rule, can provide crisis services if:
- (A) they are working under the supervision of a licensed mental health therapist who is a certified crisis worker, and
- (B) they are within 3 months of receiving the certification training required to become a Certified Crisis Worker,
- [(ii)](iii) meets the standards of care and practice established by this rule, and
- [(iii)](iv) has access to a licensed mental health clinician by direct transfer of the call that does not require a call back to the person in crisis if the [non-licensed]non-licensed crisis worker cannot stabilize the caller.
- (d) ensure that, based on inability to meet needs based on capacity, the calls are immediately routed to the statewide mental health crisis line.
- (e) ensure that local authorities have a plan for roll over calls,
- (f) ensure that regardless of the time, date, number of individuals trying to simultaneously access the local mental health crisis line, a mental health therapist or crisis worker answers the call:
 - (i) without the caller waiting on hold,
- (ii) being screened by an individual other than a mental health therapist or crisis worker, and
 - (iii) within 5 rings or 30 seconds, and
- (g) ensure the discounted call abandonment rate will not exceed more than 5% of the total volume of calls.
- (2) If a Local Mental Health Authority does not provide for a local mental health crisis line they shall use the statewide crisis line as a local resource.
- (3) Local Authorities and the statewide crisis line shall develop and implement a plan for collaboration and coordination of care for ongoing support for individuals accessing the statewide crisis line. This plan should:
- (a) be created collaboratively between the Local Authority and the statewide crisis line, and

- (b) shall include the following components at a minimum:
 - (i) policies and procedures for coordination,
- (ii) timeline for care transitions that includes process for warm hand off, appointment scheduling, and follow up,
- (iii) clear expectations of communication between agencies including contact lists and shared resources lists, and
- (iv) a plan for regular review of data to ensure collaboration and quality of continuity of care.

R523-17-9. Minimum Standards of Care and Practice.

- (1) Certification or accreditation standards <u>for crisis lines</u> shall include:
- (a) The crisis line [must provide]providing proof of certification/accreditation from one of the following:
 - (i) American Association of Suicidology (AAS),
 - (ii) CONTACT USA,
- (iii) Alliance of Information and Referral Systems (AIRS),
 - (iv) The Joint Commission,
- (v) Commission on Accreditation of Rehabilitation Facilities (CARF).
 - (vi) Council on Accreditation (COA),
- (vii) Utilization Review Accreditation Commission (URAC), or
 - (viii) DNV Healthcare, Inc.
- (b) Agencies shall provide State/county licensure, as approved by the division Administrator or designee.
 - (c) The telephone crisis service must provide:
 - (i) screening and triage,
 - (ii) psycho-social support,
 - (iii) connection to appropriate resources,
- (iv) follow-up capability to callers as clinically appropriate.
- (d) [The-]24 hour/7 days per week telephone crisis services [must be]that are staffed by skilled professionals capable of assessing and making culturally competent, appropriate referrals[-].
- (e) [The telephone crisis service must]the use traumainformed screenings and assessments, and incorporate this information into safety planning, referrals and follow-up interventions[-], and
- (f) [The telephone crisis service must initiate]the initiation of mobile crisis services when available [and be]that are linked with walk-in crisis service facilities when available.
 - (2) Suicide Risk Assessment Standards shall_include[=
- (a) Crisis centers shall adopt] the National Suicide Prevention Lifeline Suicide Risk Assessment Standards minimum requirements.
 - (3) Imminent Risk Policies shall include:
- (a) Crisis [eenters]lines shall adopt the adoption of the National Suicide Prevention Lifeline Policy for Helping Callers at Imminent Risk of Suicide
 - (4) Follow Up Policies that shall include:
- (a) [Crisis Centers shall maintain and implement]crisis lines maintaining and implementing a policy detailing follow-up procedures including but not limited to:
 - (i) safe-care transitions,
 - (ii) rapid referrals,

- (iii) caring contacts, and
- (iv) care bridging strategies.
- (b) This <u>policy</u> [will]shall detail how crisis [eenters]lines will work with community partners and the statewide crisis line.
 - (5) Warm Hand Off Policies shall include:
- (a) [Agencies shall maintain]agencies maintaining written procedure defining and detailing a "warm hand off" process that allows for unique adaptations for each [LA]Local Authority crisis service structure, in collaboration with the statewide crisis line.
- (b) This initial procedure for a Warm Hand Off [will-be]shall read as follows:
- (i) [H]if clinically indicated, provide a warm handoff to [LAs]Local Authorities providers or other identified providers of care or care managers with an identified health plan. A warm handoff may include:
- (A) a conference call or other direct communication with the [LA]Local Authority provider, other provider or care manager to arrange immediate crisis support and scheduling an appointment for follow up support,
- (B) if other needs are expressed by callers then additional resources may be offered to help access local recovery oriented support services as needed,
- (C) [Coordination] coordination with each local authority, regarding preferred communication and resources access as uniquely adapted to each local community, and
- (D) a warm hand off will be done via conference call to facilitate a personal introduction between a Lifeline caller and their local behavioral health treatment providers or care managers, as well as the exchange of pertinent information, to promote the continuity of care.
- (ii) The elements of a successful warm hand off $\underline{\text{shall}}$ include:
 - (A) orienting the caller as to what to expect,
 - (B) a positive provider to provider communications, and
- (C) provision of accurate information regarding the caller's current condition, treatment and service needs, and safety goals.
 - (iii) The steps to initiate a warm hand off include:
 - (A) assessing callers for their level of acuity and need,
- (B) offer to provide a person to person introduction to a representative in their local area,
 - (C) explain the conference call process to the caller,
- (D) [Contact]contact the predetermined designated number for provider in their local area,
- (E) [Communicate]communicate the caller's situation and needs.
- (F) [Introduce]introduce the caller and remain on the line as needed to facilitate the conversation, and
- (G) in the event that a warm handoff is clinically indicated and the individual is not able to receive a warm handoff for any reason, a minimum of one follow up "Caring Connection" shall be provided within 72 hours of initial contact, if contact information was able to be collected for the caller.
- (6) Crisis Line Community Collaboration and Coordination Policies <u>shall</u> include:
- (a) [Crisis Centers shall have—]a published plan in place that outlines community resources available[-]_a

- (b) [The Crisis Centers shall have]a collaboratively created plan published that outlines the plan for community collaboration with the following partners at minimum:
 - (i) Law Enforcement,
 - (ii) hospitals (Emergency Departments),
 - (iii) local mental health and substance abuse authorities,
 - (iv) schools, and
 - (v) any other crisis services in the local community.

R523-17-10. Statewide Mental Health Crisis Line Standards.

- (1) The 24 hour/7 days per week statewide crisis Line shall adhere to the following standards: $\frac{1}{2}$
- (a) collaborate with Local Authorities running local crisis line,
- (b) the statewide crisis line shall develop, and implement a plan for collaboration and coordination of care for ongoing support for individuals accessing services with Local Authorities,
- (c) plans should be created collaboratively between the Local Authority and the statewide crisis line,
- (d) plans shall include the following components at a minimum:
 - (i) policies and procedures for coordination,
- (ii) timelines for care transitions that includes process for warm hand off, appointment scheduling, and follow up,
- (iii) clear expectations of communication between agencies including contact lists and shared resources lists,
- (iv) a plan for regular review of data to ensure quality of continuity of care.
- (v) assurance that each individual who answers calls to the statewide crisis line:
- (A) is a mental health therapist and/or [eertified erisisworker]Certified Crisis Worker,
- (B) meets the standards of care and practice established by this rule, and
- (C) has access to a licensed mental health clinician by direct transfer of the call that does not require a call back to the person in crisis if the non licensed crisis worker cannot stabilize the caller
- (vi) assurance that regardless of the time, date, number of individuals trying to simultaneously access the local mental health crisis line a mental health therapist or crisis worker answers the call:
 - (A) without the caller waiting on hold,
- (B) being screened by an individual other than a mental health therapist or crisis worker, and
 - (C) within 5 rings or 30 seconds,
- (vii) the discounted call abandonment rate will not exceed more than 5% of the total volume of calls,
- (viii) 90% of statewide crisis line calls shall be answered in state as reported by the National Suicide Prevention Lifeline call data, and
- (ix) assurance that the statewide crisis line has the capacity to accept all calls that local mental health crisis lines route to the statewide crisis line.

R523-17-11. Minimum Standards of Care and Practice for the Statewide Crisis Line.

(1) Certification or accreditation shall include:

- (a) [The crisis line must provide]proof of certification/accreditation from one of the following:
 - (i) American Association of Suicidology (AAS),
 - (ii) CONTACT USA,
 - (iii) Alliance of Information and Referral Systems (AIRS)
- (iv) The Joint Commission on Accreditation of Rehabilitation Facilities (CARF),
 - (v) Council on Accreditation (COA),
- (vi) Utilization Review Accreditation Commission (URAC), or
 - (vii) DNV Healthcare, Inc.
- (b) State/county licensure, as approved by the division Administrator or designee,
 - (c) [The]telephone crisis service must provide:
 - (i) screening and triage,
 - (ii) psycho-social support, and
 - (iii) connection to appropriate resources.
- (d) follow-up capability to callers as clinically appropriate, [-and]
- (e) [The 24 hour/7 days per week telephone erisis] services that are [must be] staffed by skilled professionals capable of assessing and making culturally competent, appropriate referrals[:].
- (f) [The telephone erisis service must]the use of traumainformed screenings and assessments and [incorporate] incorporating this information into safety planning, referrals and follow-up interventions[-],
- (g) [The telephone erisis service must initiate]the initiation of mobile crisis services when available [and be]that are linked with walk-in crisis service facilities when available.
 - (2) Suicide Risk Assessment Standards shall include[:
- (a) Statewide Crisis Line shall adopt] the adoption of the National Suicide Prevention Lifeline Suicide Risk Assessment Standards minimum requirements.
 - (3) Imminent Risk Policies shall include[:
- (a) Statewide Crisis Line shall adopt] the adoption of the National Suicide Prevention Lifeline Policy for Helping Callers at Imminent Risk of Suicide
 - (4) Follow Up Policies shall include:
- (a) [Statewide Crisis Line shall maintain and implement] maintaining and implementing a policy detailing follow-up procedures including but not limited to:
 - (i) safe-care transitions,
 - (ii) rapid referrals,
 - (iii) caring contacts, and
 - (iv) care bridging strategies.
- (b) This [will]policy shall detail how the Statewide Crisis Line will work with community partners and the local crisis lines.
 - (5) Warm Hand-off Policies shall include:
- (a) [Agencies shall maintain]maintaining written procedure defining and detailing a "warm hand off" process that allows for unique adaptations for each LA crisis service structure, in collaboration with the statewide crisis line.
- (b) This initial procedure for a Warm Hand Off shall $[\underline{be}]\underline{read}$ as follows:
- $\mbox{(i) If clinically indicated, provide a warm handoff to LAs providers.}$
 - (ii) A warm handoff may include:

- (A) a conference call or other direct communication with the LA provider to arrange immediate crisis support and scheduling an appointment for follow up support[-].
- (B) [H]if other needs are expressed by callers then additional resources may be offered to help access local recovery oriented support services as needed[-]_and
- (C) coordination with each local authority regarding preferred communication and resources access as uniquely adapted to each local community.
- (iii) A warm hand off will be done via conference call to facilitate a personal introduction between a Statewide Crisis Line caller and their local behavioral health treatment providers, as well as the exchange of pertinent information, to promote the continuity of care
 - (iv) The elements of a successful warm hand off include:
 - (A) orienting the caller as to what to expect,
- (B) positive provider to provider communications, and Providing accurate information regarding the caller's current
- (C) condition, treatment and service needs, and safety goals.
 - (v) The steps to initiate a warm hand off includes:
 - (A) assessing callers for their level of acuity and need,
- (B) offer to provide a person to person introduction to a representative in their local area,
 - (C) explain the conference call process to the caller,
- (D) contact the predetermined designated number for provider in their local area,
 - (E) communicate the caller's situation and needs[\(\frac{1}{2}\)], and
- (F) introduce the caller and remain on the line as needed to facilitate the conversation.
- (vi) In the event that a warm handoff is clinically indicated and the individual is not able to receive a warm handoff for any reason, a minimum of one follow up "Caring Connection" shall be provided within 72 hours if contact information was able to be collected for the caller.
- (6) Crisis Line Community Collaboration and Coordination plan shall include:
- (a) [Statewide Crisis Line shall have]a published plan in place that outlines community resources available[-],
- (b) [The statewide Crisis Line shall have]a plan published that outlines the plan for community collaboration with the following partners at minimum:
- (i) Local Authorities including Mobile Crisis Outreach Teams,
 - (ii) law enforcement,
 - (iii) hospitals (Emergency Departments),
 - (iv) health plans,
 - (v) schools, and
 - (vi) any other crisis services in the local community.
- (c) The Statewide Crisis Line shall enter into MOU's with each Local Authority operating a Crisis Line and/or Mobile Crisis Outreach Teams and shall make good faith efforts to enter into MOU's with parties described in R523-17-11 (6b).

R523-17-12. Division Oversight of Program.

(1) The division may enter and survey the physical facility, program operation, and review curriculum and interview staff to determine compliance with this rule or any applicable contract to provide such services.

(2) Participating organizations including Local Authorities and the statewide crisis line shall also allow representatives from the division and from the local authorities as authorized by the division to monitor services. Such visits may be announced or unannounced.

KEY: crisis response services, crisis worker certification, statewide crisis line standards

Date of Enactment or Last Substantive Amendment: [November 15, 2018] 2019

Authorizing, and Implemented or Interpreted Law: 62A-15-1302(2)

Human Services, Substance Abuse and Mental Health **R523-18**

Mobile Crisis Outreach Teams
Certification Standards

NOTICE OF PROPOSED RULE

(Amendment)
DAR FILE NO.: 43554
FILED: 02/28/2019

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: These changes are being made to satisfy comments received from the Local Mental Health Authorities (LMHAs) who are responsible for creating and maintaining these teams.

SUMMARY OF THE RULE OR CHANGE: These amendments: 1) make grammatical corrections; 2) add the purpose of awarding grants for suicide prevention training offered to LMHAs; 3) add zero suicides standards to requirements of Mobile Crisis Outreach Teams (MCOT) seeking certification; 4) add an option for the Division of Substance Abuse and Mental Health (Division) to wave certain requirements and still certify an MCOT; and 5) change the title of the revocation section to "Corrective Action", and align all corrective actions in this rule with the processes and requirements currently implemented for all publicly funded contract monitoring visits and corrective actions.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 62A-15-1402

ANTICIPATED COST OR SAVINGS TO:

♦ THE STATE BUDGET: There are no additional costs to the state budget above and beyond those stated in the creation of this rule. These changes clean up language to make this rule easier to understand, and add a programmatic allowance that will not increase cost, but allows greater flexibility in meeting the requirements of the entire rule.

- ♦ LOCAL GOVERNMENTS: There are no additional costs to local governments above and beyond those stated in the creation of this rule. These changes clean up language to make this rule easier to understand and add a programmatic allowance that will not increase cost, but allows greater flexibility in meeting the requirements of the entire rule.
- ♦ SMALL BUSINESSES: It is anticipated that no small businesses will participate in the certification of MCOTs as described in this rule. This rule mostly effects local governments and employees of local governments.
- ♦ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: There are no costs to other persons.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no additional compliance costs other than those already stated in the creation of this rule. These changes clean up language to make this rule easier to understand and add a programmatic allowance that will not increase cost, but allow for greater flexibility in meeting the requirements of the entire rule.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: After conducting a thorough analysis, it was determined that these rule changes will result in no fiscal impact to businesses.

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

HUMAN SERVICES SUBSTANCE ABUSE AND MENTAL HEALTH 195 N 1950 W SALT LAKE CITY, UT 84116 or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ♦ Jonah Shaw by phone at 801-538-4219, by FAX at 801-538-3942, or by Internet E-mail at jshaw@utah.gov
- ♦ Thomas Dunford by phone at 801-538-4181, by FAX at 801-538-4696, or by Internet E-mail at tdunford@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 04/15/2019

THIS RULE MAY BECOME EFFECTIVE ON: 04/22/2019

AUTHORIZED BY: Doug Thomas, Director

Appendix 1: Regulatory Impact Summary Table*

Fiscal Costs	FY 2019	FY 2020	FY 2021
State Government	\$0	\$0	\$0
Local Government	\$0	\$0	\$0

Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Person	\$0	\$0	\$0
Total Fiscal Costs:	\$0	\$0	\$0
Fiscal Benefits			
State Government	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Benefits:	\$0	\$0	\$0
Net Fiscal Benefits:	\$0	\$0	\$0
NEL FISCAL BENETITS:	Þυ	Þυ	\$0

*This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts for State Government, Local Government, Small Businesses and Other Persons are described in the narrative. Inestimable impacts for Non-Small Businesses are described in Appendix 2.

Appendix 2: Regulatory Impact to Non-Small Businesses

There are no estimable or inestimable costs or benefits to non-small businesses in this rule. The statute associated with this rule only effect state and local governments.

R523. Human Services, Substance Abuse and Mental Health. R523-18. Mobile Crisis Outreach Teams Certification Standards.

R523-18-1. Authority.

(1) This rule establishes guidelines, procedures and standards for the establishment of statewide Mobile Crisis Outreach Teams (MCOT) as directed in Subsection[s] 62A-15-116(4) and Section 62A-15-1402.

R523-18-2. Purpose.

- (1) This rule is enacted for the purpose of promoting the availability of comprehensive behavioral health crisis services throughout the state, by:
- (a) creating standards of certification, care and practice for statewide mental health crisis response system using the MCOT model of care, [-and]
- (b) outlining the responsibilities of MCOTs including interaction with civil commitment[-], and

(c) awarding grants as directed by Subsection 62A-15-116(4), by application through qualified Local Mental Health Authorities.

R523-18-3. Definitions.

- (1) "Assessment" means a formal and continuous process of collection and evaluating information about an individual to ascertain whether or not a patient is functioning at a healthy psychological, social, or developmental level and aids in service planning, treatment and referral. Assessments establish justification for interventions, services and referrals.
- (2) "Certified Crisis Worker" means an individual who meets the standards of certification that the Substance Abuse and Mental Health (division) sets, in accordance with Subsection R523-17-4.
- (3) "Crisis Stabilization" means direct mental health care to non-hospitalized individuals experiencing an acute crisis of a psychiatric nature that may jeopardize their current community living situation, or put them at risk of psychiatric hospitalization by:
 - (a) providing emotional support and safety, and
- (b) mobilizing community resources, the individuals support system, family members, and others for ongoing maintenance, and rehabilitation.
- (4) "Designated Examiner" is defined in Subsection 62A-15-602(5).
- (5) "Emergency medical service personnel" means an individual who provides emergency medical services to a patient and is required to be licensed under Section 26-8a-302, which includes:
 - (a) paramedics,
- (b) medical directors of a licensed emergency medical service provider,
 - (c) emergency medical service instructors,
 - (d) and other categories established by the committee.
- (6) "MCOT certification" means the certification created in Section R523-18-5.
- (7) "MCOT personnel" means a licensed mental health therapist as defined in Subsection 58-60-102(5) and a certified crisis worker.
- (8) "Mental Health Crisis" means any intense behavioral, emotional, or psychiatric situation perceived to be a crisis by the individual or family experiencing the crisis, or others who closely observe the individual where:
- (a) the crisis manifests itself by symptoms of sufficient severity that a prudent layperson who possesses an average knowledge of mental health issues could reasonably expect the absence of immediate attention or intervention to result in:
- (i) serious jeopardy to the individual's health or well-being, or
 - (b) a danger to others, or
- (c) significantly reduced levels of functioning in primary activities of daily living, including interfering with the ability to go to school, work, and engage in meaningful relationships.
- (9) "Mental health crisis services" means mental health services and on-site interventions that a person renders to an individual suffering from a mental health crisis. This includes the provision of:
 - (a) safety and care plans,

- (b) stabilization services that are offered for a minimum of 60 days, and
 - (c) referrals to other community resources.
- (10) "Mobile Crisis Outreach Team" means a mobile team of medical and MCOT personnel that provide mental health crisis services and, based on the individual circumstances of each case, coordinates with local law enforcement, emergency medical service personnel, and other appropriate state or local resources. Medical professionals may serve in a response or oversight role on the team.
- (11) "Mental Health Officer" means an individual who is designated by a Local Mental Health Authority as qualified by training and experience in the recognition and identification of mental illness.
- (12) "Mental Health Therapist" means an individual licensed in Utah under the mental health professional practice act as defined in Subsection 58-60-102(5).
- (13) "Peer Support Specialist (PSS)" means an individual who meet the requirements outlined in R523-5.
- (14) "Family Resource Facilitator (FRF)" means an individual who meets the requirements outlined in R523-6.

R523-18-4. General Provisions.

- (1) MCOT services are based on the following principles:
- (a) cultural competence,
- (b) strong community relationships,
- (c) the use of peer supports,
- (d) the use of evidence based practices,
- (e) building on existing foundations with an eye towards innovation,
 - (f) utilization of an integrated system of care,
 - (g) outreach to students through school-based clinics,
 - (h) trauma informed care,
 - (i) de-escalation,
 - (j) access to supports and services is timely,
- (k) services are provided in the least restrictive manner possible,
 - (1) crisis is defined by the individual or family,
 - (m) treatment plans are strengths-based, [-and]
- (n) helping the individual and family to regain a sense of control and safety is a priority[-], and
 - (o) embed elements of Zero Suicide.
- (2) MCOTs must be capable of serving in the context of a crisis as outlined below:
 - (a) children, adolescents, adults and older adults,
 - (b) individuals with co-occurring conditions including:
 - (i) mental health conditions,
 - (ii) substance use disorders,
 - (iii) medical needs,
 - (iv) intellectual/developmental disabilities,
 - (v) physical disabilities,
 - (vi) traumatic brain injuries; and/or,
 - (vii) dementia and related neurological conditions.
 - (c) individuals demonstrating aggressive behavior,
- (d) individuals who are uninsured or unable to pay for services, and
- (e) individuals who may lack Utah residency or legal immigration status.

(3) MCOTS shall encourage each modality of service within the Crisis Response System to incorporate peer support into the services they provide, when clinically appropriate.

R523-18-5. Minimum Guidelines and Standards of Care.

- (1) Mobile crisis services provide a timely in-person response to a crisis in the community. Mobile crisis services shall collaborate with local and statewide crisis line services, and any additional crisis response services, including the stabilization and mobile response services if available.
- (2) When a MCOT is dispatched from the statewide crisis line, the statewide crisis line staff shall provide whenever possible the:
 - (a) the name of individual in crisis,
 - (b) their date of birth,
- (c) the presenting problem as demonstrated through the individual's current behaviors),
 - (d) the location of the individual needing services,
 - (e) any history of violence and/or substance use,
 - (f) the presence of any weapons and/or dogs in the house,

and

and.

and

- (g) the need for a coordination plan to include police assistance, and/or family's willingness to helping coordinate services while accounting for all relevant safety and security issues, so the MCOT can provide a timely face to face response.
- (3) When law enforcement requests response from a MCOT, and is staying on scene, it is important to provide as rapid as a response as possible which may mean, responding to the crisis with limited information.
 - (4) A MCOT must have the capacity to:
 - (a) intervene wherever the crisis occurs,
 - (b) serve individuals unknown to the system,
 - (c) coordinate multiple simultaneous requests for services
- (d) work closely with police, EMS, Fire, dispatch, crisis hotlines, schools, hospital emergency departments, and other related agencies.
- (5) A MCOT must operate 24 hours per day, 7 days per week, and 365 days per year in providing community-based crisis intervention, screening, assessment, and referrals to appropriate resources.
- (6) In screening the individual in crisis, the MCOT must collect at least the following information:
 - (a) identifying information,
 - (b) the chief complaint/presenting problem,
 - (c) acute medical concerns and chronic health conditions,
 - (d) current healthcare providers.
- (7) The MCOT must administer an ongoing assessment, if clinically indicated by the initial screening, that shall include:
- (a) any imminent danger to the individual in crisis through potentially lethal means of harm to one's self or others.
- (b) risk for suicide using the Columbia Suicide Severity Rating Scale (C-SSRS)or another empirically validated instrument,
- (c) the individual's emotional status and imminent psychosocial needs,
- (d) individual strengths and available coping mechanisms,

- (e) resources that can increase service participation and success, and
- (f) the most appropriate and least restrictive service alternative for the individual, and the referral mechanisms and procedures to access services.
- (8) Following the assessment, if there is risk for harm to self or others, the MCOT shall engage the person to establish a crisis response plan using:
 - (a) Crisis Response Planning (CRP),
 - (b) Stanley Brown Safety Plan, or
- (c) another evidenced based safety plan/crisis prevention practice.
- (9) If clinically indicated access ER or other crisis receiving facility to address ongoing safety concerns and for further evaluation.
- (10) A MCOT must be staffed by skilled and licensed mental health professionals.
- (11) A MCOT must understand the emergency civil commitment process as described in Section 62A-15-629, and one of the members must be either a Designated Examiner or Mental Health Officer to facilitate civil commitment should that be the indicated course of action for the safety of the individual, family or the community.
- (12) A MCOT will preferably utilize Certified Peer Support Specialists and Family Resource Facilitators, in conjunction with a Mental Health Therapist when deploying for mobile crisis outreach.
- (13) A MCOT shall respond to individuals in the community who are in crisis with the goal of resolving the crisis in the least restrictive manner and setting, including:
- (a) reducing inpatient treatment admissions and Emergency Department visits if appropriate,
 - (b) increasing jail diversions, and
- (c) reducing law enforcement involvement while maintaining public safety.
- (14) A MCOT shall collaborate with stakeholders involved in the crisis service delivery system and partner to resolve service delivery concerns.
- (15) MCOT providers shall have a published plan in place that outlines triage policies and coordination of crisis response services with community stakeholders.
- (a) The plan shall address community collaboration with the following partners at minimum:
 - (i) Local Mental Health and Substance Abuse Authorities,
 - (ii) SMR providers,
 - (iii) local law enforcement,
 - (iv) fire departments,
 - (v) dispatch,
 - (vi) hospital emergency departments,
 - (vii) schools,
 - (viii) EMS,
 - (ix) Department of Human Services agencies, and
- (x) other social service partners, including health plans and other crisis services in the local community.
- (16) The MCOT provider shall enter into MOU's with each Local Mental Health and Substance Abuse Authority operating a crisis line in their region, and the Statewide Crisis Line. The MOU shall include the following elements at a minimum:

- (a) data sharing process between Statewide Crisis Line, Local Authority and MCOT provider including data on number of callers from region MCOT serves,
 - (b) mobile deployments from the Statewide Crisis Line,
- (c) a clear procedure for coordination between the Statewide Crisis Line and MCOT provider, for deploying MCOT services for individuals in need of MCOT services who have called into the Statewide Crisis Line.
- (d) data and a process for warm hand offs between Statewide Crisis Line, MCOT, and Local Authorities to support individuals in ongoing services; and
- (e) procedures for case consultation on services, high utilizers, and collaboration.

R523-18-6. MCOT Personnel and Team Certification.

- (1) The Following requirements shall be met in order for an agency to receive a certification of their MCOT:
- (a) personnel shall consist of a minimum of two members, one of which shall be a:
- (i) Mental Health Therapist who is a Certified Crisis Worker, and is either a:
 - (A) Designated Examiner, or
 - (B) a Mental Health Officer.
- (b) The second member shall be a Certified Crisis Worker, who is preferably a Certified Peer Support Specialist or a Family Resource Facilitator.
- (c) All teams shall have access to a Designated Examiner and a medical professional for consultation during the MCOT response.
- (2) Agencies shall apply for participation and funding in MCOT activities through a Request For Proposal process that requires:
- (a) submitting a plan that describes service delivery and team make-up,
- (b) submitting a plan for meeting minimum guidelines and standards of care as outlined in this rule, and
- (c) evidence that the statutory match requirement of 20% will be met.
- (3) The division director or designee shall determine if an agency is granted an exception to any of the above requirements, and still obtain certification based on that agency's submitted plan.
- [(3)](4) The division shall provide certification to applicant agencies [after]if review of the submitted materials demonstrate that the plan of care and team make up meet the guidelines set forth in this rule.

R523-18-7. Division Oversight of Programs.

- (1) The division may enter and survey the physical facility, program operations, and review curriculum and interview staff of a certified MCOT agency, to determine compliance with this rule or any applicable contract to provide such services.
- (2) Participating organizations including Local Authorities and the Statewide Crisis Line shall, allow representatives from the division and from the local authorities as authorized by the division to monitor services. Such visits may be announced or unannounced.

R523-18-8. [Revocation] Corrective Action of Certification.

- (1) <u>Each_MCOT</u> shall maintain its certification by meeting the guidelines set forth in this rule.
- [(2)](a) [The Division shall review all complaints related to an MCOT that is not meeting the guidelines set forth in this rule.
- (3) The Division shall refuse to certify, suspend, revoke, or renew a certification to any MCOT that is found to have a substantiated complaint.
- (4) An MCOT that has been served a Notice of Agency Action that the certification has been suspended, revoked, or will not be renewed may request a Request for Review to the Division Director or designee within 30 days of receipt of notice.
- (5) The Division Director or designee will review the findings of the Notice of Agency Action and shall determine to uphold, amend or revise the action of denial or revocation of the certification.
- (6) The MCOT certification shall be posted and available upon request.]If the division becomes aware of an MCOT that has violated the conditions of its certification trough a complaint or site visit survey, the division shall:
 - (i) immediately take action to review the allegations,
- (ii) take steps to ensure that all consumers involved with the allegation are protected, and
- (iii) notify the agency under investigation of its findings within 30 days or less depending on the type of finding.
- (2) The division shall take the following actions against the MCOT Certification of an agency found to be in non-compliance with the guidelines established in this rule:
- (a) For major non-compliance issues, defined as conditions that affect the imminent health, safety, or well-being of individuals, the division shall require:
- (i) submission of a written corrective action plan completed by the agency immediately that ensure compliance being achieved within 24 hours or less.
- (ii) if compliance is not possible within a 24 hour time period, the MCOT Certification shall be terminated until the major non-compliant issue is resolved.
- (b) For a significant non-compliance issue defined as a non-compliance in required training, paperwork, and/or documentation that is so severe or pervasive as to jeopardize the effectiveness of services, the division shall require:
- (i) submission of a written corrective action plan completed by the agency within 10 working days that identifies the steps it will take to rectify the issue within 30 days of receipt of the draft copy of the findings report made by the division.
- (ii) if compliance is not verified by the division after a 30 day time period, the MCOT Certification shall be suspend, revoke, or not renewed until the significant non-compliant issue is resolved.
- (c) for a minor non-compliance issue defined as a relatively small in scope infraction that does not impact client wellbeing, the division shall require:
- (i) submission of a written corrective action plan completed within 15 working days that identifies the steps the agency will take to rectify the issue within 60 days of receipt of the draft findings report made by the division.
- (ii) if compliance is not verified by the division after a 60 day time period, the MCOT Certification shall be suspend, revoke, or not renewed until the minor non-compliant issue is resolved.

- (d) For a deficiency defined as an MCOT not being in full compliance with the conditions of certification, but the deficiency discovered is not severe enough to be categorized as a non-compliance issue, the division shall require:
- (i) submission of a written corrective action plan without a formal timeline, but is negotiated between the division and the agency being investigated.
- (ii) If the deficiency continues to be unresolved past the date of completion, the finding shall be classified as a minor non-compliance issue, and corrective action shall follow the guidance outlined in R523-18-8(2)(c).
- (3) Any agency that has had its MCOT Certification revoked suspended, not renewed or not granted may request an informal hearing with the division director or designee, in writing, within 10 business days of receiving notice of corrective action.
- (a) The division director or designee shall review the request and determine to uphold, amend or reverse the action within 10 business days, and the division shall inform the agency of the decision in writing.
- (4) All MCOT Certification statuses shall be maintained by the division, and shall be made available upon written request.

KEY: mobile crisis outreach team, MCOT standards, statewide crisis response standards

Date of Enactment or Last Substantive Amendment: |November 15, 2018|2019

Authorizing, and Implemented or Interpreted Law: 62A-15-116(4); 62A-15-1402

Insurance, Administration **R590-280**

Counting Short-Term Funds

NOTICE OF PROPOSED RULE

(New Rule) DAR FILE NO.: 43561 FILED: 03/01/2019

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: Utah statutes limit the types of investments that insurance companies can make. The Insurance Commissioner has authority to approve investments that fall within those limitations. This rule approves one type of investment that qualifies: an investment in short-term mortgages.

SUMMARY OF THE RULE OR CHANGE: Businesses that take out Small Business Administration (SBA) loans sometimes must wait months for their loans to fund. To obtain capital during the waiting period, those businesses take out bridge loans that they pay off when the SBA loans are funded. This rule allows insurers to make those bridge loans if: 1) the insurers meet certain financial stability requirements; and 2) their loans are adequately secured, do

not exceed certain thresholds, and last no longer than 150 days.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Subsection 31A-18-105(16) and Subsection 31A-2-201(3)

ANTICIPATED COST OR SAVINGS TO:

- ♦ THE STATE BUDGET: There is no anticipated cost or savings to the state budget. This rule permits insurance companies to take out certain short-term loans at their discretion and does not have any fiscal tie to the state.
- ♦ LOCAL GOVERNMENTS: There is no anticipated cost or savings to local governments. This rule permits insurance companies to take out certain short-term loans at their discretion, and does not have any fiscal tie to local governments.
- ♦ SMALL BUSINESSES: There is no anticipated cost or savings to small businesses. While this rule permits insurance companies to take out certain short-term loans at their discretion, no insurance companies in Utah employ fewer than 50 persons.
- ♦ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: The short-term loans carry competitive interest rates and appear to be profitable for insurers. The amount of savings/earnings from issuing those loans depends on their terms and the financial circumstances of individual insurers/lenders. Therefore, it is impossible to quantify the financial benefit of allowing insurers to make short-term loan investments.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs for any affected persons. This rule allows insurance companies to take out certain short-term loans at their discretion, but does not require it.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: After conducting a thorough analysis, it was determined that this proposed rule will not result in a fiscal impact to businesses.

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

INSURANCE
ADMINISTRATION
ROOM 3110 STATE OFFICE BLDG
450 N MAIN ST
SALT LAKE CITY, UT 84114-1201
or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Steve Gooch by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at sgooch@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 04/15/2019

THIS RULE MAY BECOME EFFECTIVE ON: 04/22/2019

AUTHORIZED BY: Steve Gooch, Information Specialist

Appendix 1: Regulatory Impact Summary Table*

Fiscal Costs	FY 2019	FY 2020	FY 2021
State Government	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Person	\$0	\$0	\$0
Total Fiscal Costs:	\$0	\$0	\$0
Fiscal Benefits			
State Government	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Benefits:	\$0	\$0	\$0
Net Fiscal Benefits:	\$0	\$0	\$0

*This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts for State Government, Local Government, Small Businesses and Other Persons are described in the narrative. Inestimable impacts for Non-Small Businesses are described in Appendix 2.

$\label{eq:Appendix 2: Regulatory Impact to Non-Small Businesses} \label{eq:Appendix 2: Regulatory Impact to Non-Small Businesses}$

There are 46 domestic insurance companies operating in Utah. The short-term loans carry competitive interest rates and appear to be profitable for insurers. The amount of savings/earnings from issuing those loans depends on their terms and the financial circumstances of individual insurers/lenders. Therefore, it is impossible to quantify the financial benefit of allowing insurers to make short-term loan investments.

DAR File No. 43561 NOTICES OF PROPOSED RULES

The head of the Insurance Department, Commissioner Todd E. Kiser, has reviewed and approved this fiscal analysis.

R590. Insurance, Administration. R590-280. Counting Short-Term Funds.

R590-280-1. Authority.

This rule is adopted pursuant to Section 31A-2-201(3), which authorizes the commissioner to make rules that implement the provisions of Title 31A, and Section 31A-18-105(16), which states that the commissioner may authorize investments for risk-based capital determinations.

R590-280-2. Scope.

This rule applies to an insurer subject to Title 31A, Chapter 17, Part 6.

R590-280-3. Purpose.

The purpose of this rule is to state the requirements that an insurer must satisfy to count short-term funds as defined in this rule.

R590-280-4. Definitions.

- (1) "SBA" means the United States Small Business Administration.
- (2) "Short-term funds" means a sum of money that an insurer loans to an SBA borrower to fund the SBA borrower's anticipated use of SBA 504 loan proceeds where the insurer's loan is secured by a lien on real property or by any other form of collateral authorized by the commissioner.

R590-280-5. Requirements for Counting Short-Term Funds.

An insurer may count short-term funds for the purposes specified under Title 31A, Chapter 17, Part 6, only if:

- (1) the total amount of short-term funds at any point in time does not exceed the following as set forth in the insurer's annual or quarterly statutory financial statement, whichever was last filed with the National Association of Insurance Commissioners:
- (a) 1.5% of the insurer's total assets as determined according to Subsection 31A-18-106(4); and
 - (b) 15% of the insurer's capital and surplus;
 - (2) the duration of each loan does not exceed 150 days;
- (3) the insurer provides on request satisfactory proof of compliance with this rule;
- (4) the filing of the insurer's most recent RBC report did not qualify as an action level event or as a control level event under Title 31A, Chapter 17, Part 6; and
- (5) at the time of the insurer's loan to the SBA borrower, the insurer is not subject to administrative action under Title 31A, Chapter 27, Part 5.

R590-280-6. Enforcement Date.

The commissioner will begin enforcing the provisions of this rule on the rule's effective date.

R590-280-7. Severability.

If any provision of this rule or its application to any persons or circumstances is for any reason held to be invalid, the

remainder of the rule and the application of the provision to other persons or circumstances shall not be affected thereby.

KEY: insurance

<u>Date of Enactment or Last Substantive Amendment: 2019</u>
<u>Authorizing, and Implemented or Interpreted Law: 31A-18-105(16); 31A-2-201(3)</u>

Public Service Commission, Administration **R746-8-301**

ation and Application o

Calculation and Application of UUSF Surcharge

NOTICE OF PROPOSED RULE

(Amendment)
DAR FILE NO.: 43550
FILED: 02/27/2019

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This change increases the monthly Utah Universal Service Fund (UUSF) surcharge from \$0.36 to \$0.60 per access line. S.B. 130, Universal Service Fund Amendments (2017 General Session) (S.B. 130) expanded the scope of services eligible for disbursements from the UUSF along with other changes to the UUSF that resulted in a significant increase in disbursements from the UUSF. These increased costs result in a monthly deficit with contributions set at the extant \$0.36 rate. The \$0.24 increase to \$0.60 is necessary to match monthly inflows with legislatively mandated outflows, and to maintain a responsible account balance consistent with legislative goals. The need for this surcharge increase to accommodate the changes from S.B. 130 has been apparent for several months, and the Public Service Commission (PSC) has actively been soliciting stakeholder input prior to filing this rule amendment. All of that stakeholder input is from the PSC website: available at this link https://psc.utah.gov/2018/10/09/docket-no-18-999-15/.

SUMMARY OF THE RULE OR CHANGE: This amendment increases the monthly UUSF surcharge from \$0.36 to \$0.60 per access line. This amendment makes only three textual edits, revising the rule's three references to the \$0.36 surcharge to reflect the new \$0.60 surcharge. As explained in the response above, the increase in the surcharge is necessary to match monthly contributions to the UUSF with the increased monthly disbursements stemming from changes S.B. 130 made to the UUSF program. The PSC anticipates making this rule amendment effective on 05/01/2019.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 54-3-1 and Section 54-4-1 and Section 54-8b-10 and Section 54-8b-15

ANTICIPATED COST OR SAVINGS TO:

- ♦ THE STATE BUDGET: Not affected except to the extent state agencies are billed for access lines and will pay the increased surcharge. The PSC and the Division of Public Utilities have been administering the UUSF for many years and have the budget to continue doing so. The change in the surcharge amount will not have a fiscal impact on the state budget
- ♦ LOCAL GOVERNMENTS: Not affected except to the extent local governments are billed for access lines and will pay the increased surcharge. Local governments are not required to comply with or enforce the rules through which the UUSF is funded. No fiscal impact to local governments is anticipated.
- ♦ SMALL BUSINESSES: Affected--Small businesses that provide access lines will be required to make minor adjustments to their billing in order to collect the increased surcharge. However, such costs should be nominal insofar as such small businesses are presently collecting the monthly surcharge. That is, the mechanisms for collecting the surcharge should already be in place and this amendment should only require a simple adjustment to the amount the mechanism collects. The PSC anticipates this change will not impose a meaningful fiscal burden on such businesses. Additionally, small businesses that are billed for access lines will, like all other customers, be subject to the increased surcharge as explained in greater detail under other persons.
- ♦ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: Affected--All customers who are billed for an access line presently pay \$0.36 per month per access line for the UUSF surcharge. Under the new \$0.60 rate, all such customers will pay \$0.24 more per month per access line. Presently, an average of 3,084,787 access lines are assessed the surcharge every month. At the current rate, this results in approximately \$1,110,523 being collected from such customers to fund the UUSF on a monthly basis. Under the rate, these customers will cumulatively approximately \$1,850,872 month, generating per approximately \$740,349 more than the current rate to fund the UUSF. The PSC presently does not have access to the commercially sensitive information that would be necessary to determine what portion of the access lines paying the surcharge are small businesses, larger businesses, or However, the increase should affect all customers and customer classes equally on a per access line basis.

COMPLIANCE COSTS FOR AFFECTED PERSONS: To comply, affected persons must increase the amount they presently collect from their customers for the UUSF surcharge. The associated costs will vary and cannot be precisely anticipated, but the PSC expects they will be nominal because affected persons should already have mechanisms in place to collect the monthly surcharge on an access line basis. Additionally, as discussed under other

persons above, all customers will incur an increased cost of \$0.24 per month per access line to which they subscribe.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Small businesses that collect from their customers and remit to the PSC a monthly per-connection UUSF surcharge will need to adjust the amount they presently collect, which should have a nominal fiscal impact because the mechanisms to collect the surcharge are already required under the existing rule. Small businesses that pay for access lines will, like all customers, pay \$0.24 more per month per access line. While the PSC has projected the total increased costs this will impose on customers who pay for access lines to be approximately \$740,349 per month, the PSC cannot presently determine what portion of this total will be paid by small businesses as opposed to individual customers, nonsmall businesses, or other forms of organization. The change will affect all customers equally on a per access line basis, but the PSC does not know what portion of the total access lines paying the surcharge are subscribed by small The need for this surcharge increase to businesses. accommodate the changes from S.B. 130 has been apparent for several months, and the PSC has actively been soliciting stakeholder input prior to filing this rule amendment. All of that stakeholder input is available at this link from the PSC https://psc.utah.gov/2018/10/09/docket-no-18-999website: 15/.

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

PUBLIC SERVICE COMMISSION ADMINISTRATION HEBER M WELLS BLDG 160 E 300 S SALT LAKE CITY, UT 84111-2316 or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ♦ Michael Hammer by phone at 801-530-6729, or by Internet E-mail at michaelhammer@utah.gov
- ♦ Sheri Bintz by phone at 801-530-6714, by FAX at 801-530-6796, or by Internet E-mail at sbintz@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 04/15/2019

THIS RULE MAY BECOME EFFECTIVE ON: 04/22/2019

AUTHORIZED BY: Michael Hammer, Administrative Law Judge

Appendix 1: Regulatory Impact Summary Table*

Fiscal Costs	FY 2019	FY 2020	FY 2021
State Government	Unknown	Unknown	Unknown

DAR File No. 43550

Local Government	Unknown	Unknown	Unknown
Small Businesses	Unknown	Unknown	Unknown
Non-Small Businesses	Unknown	Unknown	Unknown
Other Person	Unknown	Unknown	Unknown
Total Fiscal Costs:	\$9,143.997	\$9,293.958	\$9,446,379
Fiscal Benefits			
State Government	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Benefits:	\$0	\$0	\$0
Net Fiscal Benefits:	Unknown	Unknown	Unknown
	1	1	1

*This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts for State Government, Local Government, Small Businesses and Other Persons are described above. Inestimable impacts for Non-Small Businesses are described below.

Appendix 2: Regulatory Impact to Non-Small Businesses

The Public Service Commission (PSC) does not have access to information on surcharge collections by level of government, business type, or by residential versus non-residential classification. the PSC knows the total number of telephone lines for which the surcharge is remitted, the telephone providers have no legal obligation to provide to the PSC the commercially sensitive data related to which lines are residential, commercial, governmental, etc. The PSC has assumed that the surcharge collections on connections will increase in direct proportion to typical population growth (currently estimated to be 1.64% per year). The proposed rule change increases the per connection surcharge by 24 cents per month for each telephone line or connection. The amounts under Total Fiscal Costs are calculated by multiplying 24 cents times the total expected number of telephone lines, based on recent historical UUSF collections. The need for this change is to keep the Utah Universal Service Fund solvent, now that the PSC has made other changes to Fund distributions as required by S.B. 130 (2017). The benefits from those changes, primarily increased distributions to Utah's rural telephone providers, have already been implemented through administrative proceedings, and this surcharge increase is necessary to allow the Fund to continue making those monthly distributions. All surcharges and distributions must support the purposes of Section 54-8b-15.

There are no measurable potential impacts on specific categories of businesses from this rule amendment that increases the Utah Universal

Service Fund surcharge from \$0.36 per month to \$0.60 per month. The monthly surcharge is imposed on each telephone access line or connection, regardless of whether the line or connection is for residential, business, or governmental use.

PSC Chair Thad LeVar has reviewed and approved this fiscal analysis.

R746. Public Service Commission, Administration.

R746-8. Utah Universal Public Telecommunications Service Support Fund (UUSF).

R746-8-301. Calculation and Application of UUSF Surcharge.

- (1) The Utah Universal Public Telecommunications Service Support Fund (UUSF) shall be funded as follows:
- (a) Unless Subsection R746-8-301(3) applies, providers shall remit to the Commission \$0.[36]60 per month per access line that, as of the last calendar day of each month, has a place of primary use in Utah in accordance with the Mobile Telecommunications Sourcing Act, 4 U.S.C. Sec. 116 et seq.
- (b)(i) "Place of primary use" means the street address representative of where the customer's use of the telecommunications service primarily occurs.
- (ii) A provider of mobile telecommunications service shall consider the customer's place of primary use to be the customer's residential street address or primary business street address.
- (iii) A provider of non-mobile telecommunications service shall consider the customer's place of primary use to be:
- (A) the customer's residential street address or primary business street address; or
 - (B) the customer's registered location for 911 purposes.
 - (c) A provider may collect the surcharge:
 - (i) as an explicit charge to each end-user; or
- (ii) through inclusion of the surcharge within the end-user's rate plan.
- (d) A provider that offers a multi-line service shall apply the surcharge to each concurrent real-time voice communication call session that an end-user can place to or receive from the public switched telephone network.
- (e)(i) A provider that offers prepaid access lines or connections that permit access to the public telephone network shall remit to the Commission \$0.[36]60 per month per access line for such service (new access lines or connections, or recharges for existing lines or connections) purchased on or after January 1, 2018.
- (ii) Subsection R746-8-301(1)(e)(i) operates in lieu of Subsection R746-8-301(1)(a) in that a provider who is required to make a remittance for an access line under Subsection R746-8-301(1) (e)(i) is not required to make an additional remittance for the same access line under Subsection R746-8-301(1)(a).
- (iii)(A) Multiple recharges of a single prepaid access line during a single month do not trigger multiple remittance requirements.
- (B) \$0.[36]60 per month is both the maximum and minimum amount of remittance necessary for any single access line.
- (2)(a) A provider shall remit to the Commission no less than 98.69 percent of its total monthly surcharge collections.
- (b) A provider may retain a maximum of 1.31 percent of its total monthly surcharge collections to offset the costs of administering this rule.
- (3)(a) Subject to Subsection R746-8-301(3)(b), a provider may omit the UUSF surcharge with respect to an access line that is described in Subsection R746-8-301(1), and:

- (i) generates revenue that is subject to a universal service fund surcharge in a state other than Utah for the relevant month for which the provider omits the UUSF surcharge;
- (ii) for the relevant month for which the provider omits the UUSF surcharge, was not used to access Utah intrastate telecommunications services; or
- (iii) subject to R746-8-403(5), receives subsidization through a federal Lifeline program approved by the FCC.
- (b) A provider that omits any UUSF surcharge pursuant to Subsection R746-8-301(3)(a) shall:
- (i) maintain documentation for at least 36 months that the omission complied with Subsection R746-8-301(3)(a); and
- (ii) consent to any audit of the documentation requested by the:
 - (A) Commission; or
 - (B) Division of Public Utilities.
- (c) A provider who omits any UUSF surcharge pursuant to Subsection R746-8-301(3)(a) shall report monthly to the Division of Public Utilities, using a method approved by the Division, the number of omissions claimed pursuant to each Subsection R746-8-301(3)(a)(i) and R746-8-301(3)(a)(ii).

KEY: Utah universal service fund, surcharges and disbursements, speech/hearing challenges, assistive devices and technology

Date of Enactment or Last Substantive Amendment: [December 24, 2018] 2019

Authorizing, and Implemented or Interpreted Law: 54-3-1; 54-4-1; 54-8b-15; 54-8b-10

Workforce Services, Employment Development R986-700

Child Care Assistance

NOTICE OF PROPOSED RULE

(Amendment)
DAR FILE NO.: 43556
FILED: 02/28/2019

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of these rule changes is to streamline reporting requirements for child care subsidy recipients, clarify the definition of out-of-pocket costs, and clarify the procedure when a non-subsidy recipient parent pays a child care provider directly for the care of a recipient child.

SUMMARY OF THE RULE OR CHANGE: The Department of Workforce Services (Department) administers the federal Child Care and Development Block Grant (CCDBG). The CCDBG provides funds for child care assistance, or subsidies, to assist low-income families in paying for child care. Child care assistance programs are referred to as "CC" programs. These rule changes eliminate the Job Search

Child Care Program and expands the Employment Support Child Care Program (ESCC). Rather than providing up to three months of child care for job search after a job loss, ESCC customers will remain eligible during the remainder of their certification period. ESCC reporting requirements are also reduced during the 12-month CC eligibility certification period to be less disruptive to families. These changes allow child care coverage during temporary breaks in school or employment or job loss through the end of the re-certification period. These rule changes clarify that child care subsidy does not cover additional costs such as registration fees, late fees, or field trips, consistent with existing Department policy and practice. These rule changes clarify the procedure when one parent receives a subsidy on behalf of a child and the child's other parent does not receive a CC subsidy (the "nonapplicant" parent). This is a clarification to be consistent with current policy and practice. These rule changes explain the procedure when a non-applicant parent pays a child care provider directly for their share of child care. In that case, the amount paid by the non-applicant parent will be deducted from the provider's total charge for providing care to the child. and will not be deducted from the child care subsidy amount. There is one example in this rule change illustrating the application of the rule. Following are two additional examples: Example 1: The applicant parent has two children ages three and five. The provider's monthly charge is \$600 for each child or \$1,200 total. The non-applicant parent of the three-year old pays the provider \$200 per month. applicant parent is solely responsible for the charge for the five-year old. The provider should report the reduced charge of \$400 for the three-year old, as that is the portion the applicant parent is responsible to pay. The provider charge of \$400 for the three-year old and \$600 for the five year old (\$1,000 total) will be used in the benefit calculation when determining the amount of the subsidy the applicant parent qualifies for. Example 2: The applicant parent has one child. The maximum limit the subsidy will pay is \$600. applicant parent has been approved for \$500 subsidy payment and must pay a \$100 copayment based on her income. Her provider charges \$650 for the child. The nonapplicant parent begins paying \$200 directly to the provider. The provider reports to the Department that the portion the applicant parent is responsible to pay is now \$450. The Department subsidy payment would be reduced to \$350 with the same \$100 copayment.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 35A-3-310

ANTICIPATED COST OR SAVINGS TO:

♦ THE STATE BUDGET: These proposed rule changes are not expected to have any fiscal impact on state government revenues or expenditures because any costs will be paid with funds granted to the State through the federal Child Care and Development Fund (CCDF). Congress approved and allocated additional CCDF funds to states to be able to fully implement changes in CCDF regulations. There are no additional state employees or resources needed to oversee these proposed rule changes. These changes will not

increase workload and can be carried out with existing budget.

- ♦ LOCAL GOVERNMENTS: These proposed rule changes are not expected to have any fiscal impact on local governments' revenues or expenditures because the program is federally-funded and does not rely on local governments for funding, administration, or enforcement.
- ♦ SMALL BUSINESSES: There are potentially 1,120 small businesses providing child care services (NAICS 624410) that could accept subsidy payments in Utah. It is estimated that subsidy recipients will receive an additional \$7,460,480 annually. Those subsidy benefits will be paid directly to providers for the cost of child care. Providers include both small businesses and non-small businesses. These businesses will receive a portion of the additional annual subsidy payments, which will result in increased revenues each year. There are too many variables to separate the benefits between small and large businesses. In the chart below, the benefit has been equally divided between small businesses and other persons, as child care subsidies benefit both recipients and providers.
- PERSONS OTHER THAN SMALL BUSINESSES. BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: Potentially 6,183 families who receive ESCC will benefit from these changes. The direct impact is \$7,460,480 annually that will support low-income parents to maintain their child care arrangements. Indirect benefits to families include continuity of care for children and fewer changes to report to the Department upon job loss or re-entry into the workforce during the certification period. There are also inestimable benefits for employers of child care recipients. Employers will benefit from their employees having stable child care arrangements and fewer interruptions such as having to reapply for child care and turn in income verification that could jeopardize their child care and their ability to maintain employment. In the chart below, the benefit has been equally divided between small businesses and other persons, as child care subsidies benefit both recipients and providers.

COMPLIANCE COSTS FOR AFFECTED PERSONS: These proposed rule changes are not expected to cause any compliance costs for affected persons because these proposed rule changes do not create any new eligibility or administrative requirements for recipients or any other affected persons. These proposed rule changes simplify and reduce the reporting requirements for child care subsidy recipients.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: After a thorough analysis, it was determined that these proposed rule changes will result in a positive fiscal impact to affected businesses.

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

EMPLOYMENT DEVELOPMENT 140 E 300 S SALT LAKE CITY, UT 84111-2333 or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Amanda McPeck by phone at 801-517-4709, or by Internet E-mail at ampeck@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 04/15/2019

THIS RULE MAY BECOME EFFECTIVE ON: 06/01/2019

AUTHORIZED BY: Jon Pierpont, Executive Director

Appendix 1: Regulatory Impact Summary Table*

Fiscal Costs	FY 2019	FY 2020	FY 2021
State Government	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Person	\$0	\$0	\$0
Total Fiscal Costs:	\$0	\$0	\$0
Fiscal Benefits			
State Government	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Small Businesses	\$310,853	\$3,730,240	\$3,730,240
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$310,853	\$3,730,240	\$3,730,240
Total Fiscal Benefits:	\$621,706	\$7,460,480	\$7,460,480
Net Fiscal Benefits:	\$621,706	\$7,460,480	\$7,460,480

*This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts for State Government, Local

Government, Small Businesses and Other Persons are described in the narrative. Inestimable impacts for Non-Small Businesses are described in Appendix 2.

Appendix 2: Regulatory Impact to Non-Small Businesses

The impacts to small businesses were characterized above and the impacts to non-small businesses are described here. There are four non-small businesses providing child care services (NAICS 624410) that accept subsidy payments in Utah. It is estimated that subsidy recipients will receive an additional \$7,460,480 annually. subsidy benefits will be paid directly to providers for the cost of child care. Providers include both small businesses and non-small businesses. These businesses will receive a portion of the additional annual subsidy payments, which will result in increased revenues each In the table above, the benefits have been listed as benefits to small businesses, since the majority of subsidy payments are made to small-business providers. However, some benefit will go to nonsmall businesses, but there are too many variables to separate the benefits between small and non-small businesses. Further, in the table above, the benefit has been equally divided between small businesses and other persons, as child care subsidies benefit both recipients and providers.

The executive director of the Department of Workforce Services, Jon Pierpont, has reviewed and approved this fiscal analysis.

R986. Workforce Services, Employment Development. R986-700. Child Care Assistance.

R986-700-703. Client Rights and Responsibilities.

In addition to the client rights and responsibilities found in R986-100, the following client rights and responsibilities apply:

- (1) A client has the right to select the type of child care which best meets the family's needs.
- (2) If a client requests help in selecting a provider, the Department will refer the client to the local Care About Child Care agency.
- (3) A client is responsible for monitoring the child care provider. The Department will not monitor the provider.
- (4) A client is responsible to pay all costs of care charged by the provider. If the child care assistance payment provided by the Department is less than the amount charged by the provider, the client is responsible for paying the provider the difference.
- (5) The only changes a client must report to the Department within ten days of the change occurring are:
- (a) that the household's gross monthly income exceeds the percentage of the state median income as determined by the Department in R986-700-710(3);
- (b) if the client<u>no longer needs child care</u>['s schedule changes so that child care is no longer needed during the hours of approved employment and/or training activities];
 - (c) the client is separated from his or her employment;
 - $(\underline{c}[d])$ a change of address:
- $(\underline{d}[e])$ [any of the following changes in household-composition; a parent, stepparent, spouse, or former spouse moves into the home,]a child receiving child care moves out of the home[, or the elient gets married];
- $(\underline{e}[f])$ a change in the child care provider, including when care is provided at no cost; and
- (f[g]) when the child has stopped attending child care or has not attended child care for at least eight hours during the month for which CC was authorized. [$\frac{1}{2}$

- (h) a change in child custody, visitation, or parent-time, including any regular periods of extended change in visitation or parent-time such as extended holidays or vacations with a non-custodial parent:
- (i) a change in the total cost of care for a client that is based on a change in a person(s) paying some or all of the total cost of care; and
- (j) any other changes that would affect a client's eligibility for ESCC as described in rule R986-700-709.
 - (6)(a) The following are allowable temporary changes:
- (i) Time-limited absences from work due to medical or other emergency, such as maternity leave, bed rest, or temporary medical issues of the client or an immediate family member living in the client's home if the client is responsible for the immediate family member's care;
- (ii) Temporary fluctuations in earnings or hours, such as summer break for teachers or seasonal hours changes for IRS employees, that would otherwise have the effect of causing the client to fail to meet the minimum work requirements for eligibility;
- (iii) Scheduled holidays or breaks in a client's educational training schedule;
- (iv) An eligible child turning 13 years old during an eligibility review period, unless the child no longer has a need for child care[-]; and,
- (v) A client who has been approved for ongoing employment support child care at application or recertification and has a permanent loss of employment may remain eligible through the remainder of that certification period.
- (b) A client who experiences an allowable temporary change after having[and has] been approved for ongoing employment support child care (ES_CC) may continue to receive child care payments at the same level for the remainder of the certification period.[—If the allowable temporary change is a temporary loss of employment, the client must comply with Department procedures regarding eligibility verification, including but not limited to reporting the temporary loss of employment to the Department within ten days and requesting the child care continue.]
- (7) Once an eligibility determination is made and a full month's payment and copayment is assessed, benefits will be paid at the same level during the remainder of the certification period so long as the client remains eligible, except that:
- (a) The Department may act on reported changes that result in a participation[subsidy] increase or copayment decrease, and
- (b) Benefits may be reduced if a child care provider reports a lower monthly charge or the client changes to a different child care provider.
- (8) If an overpayment is established and it is determined that the client was at fault in the creation of the overpayment, the client must repay the overpayment to the Department. In some situations, the client and provider may be jointly liable. In the case of joint liability, both parties can be held liable for the entire overpayment.
- (9) The Department is authorized to release the following information to the designated provider:
- (a) limited information regarding the status of a CC payment including that no payment was issued or services were denied:

- (b) the date the child care subsidy was issued;
- (c) the subsidy amount for that provider;
- (d) the copayment amount;
- (e) information available in the Department Provider Portal. The Provider Portal provides a provider with computer access to limited, secure information;
 - (f) the month the client is scheduled for review:
 - (g) the date the client's application was received; and
- (h) general information about what additional information and/or verification is needed to approve CC such as the client's work schedule and income.
- (10) If a client uses a child care provider at least eight hours in the calendar month, and that provider has been paid for that month, the Department will not pay another provider for child care for the rest of that month, even if the client changed providers, unless the maximum subsidy payment amount for the month will not be exceeded by paying the second provider and one of the following exceptions also applies:
- (a) The initial provider is no longer providing child care, is no longer an approved provider, or has been disqualified by the Department;
- (b) The client relocates his or her residence and it is no longer reasonably feasible to continue using the initial provider due to travel time or distance:
- (c) There is a substantial change in the days or times of day when child care is needed, such as a change in the timing of the shifts the client is working, that cannot be accommodated by the initial provider; or
- (d) The Department determines a change in child care providers is necessary due to an endangerment finding for the child. The Department may, in its discretion, approve payment to a second provider due to an endangerment finding even if the maximum subsidy payment amount would be exceeded.

R986-700-706. Provider Rights and Responsibilities.

- (1) Providers assume the responsibility to collect copayments and any other fees for child care services rendered. Neither the Department nor the state of Utah assumes responsibility for payment to providers.
- (2) A provider may not charge clients receiving a CC subsidy a higher rate than their customers who do not receive a CC subsidy.
- (3) Providers may retain the full monthly subsidy payment so long as at least eight hours of care were provided during the month and the provider is otherwise in compliance with Department rules and policies. The subsidy payment is to support an eligible client's monthly employment and training activities and allows for temporary absences and unforeseen circumstances. Having a child only attend one day per month or sporadically to receive a child care payment is a misuse of funds and will result in an overpayment and possible child care disqualification. Additionally, the subsidy payment is intended to be used to cover the provider's business expenses during the month for reserving the slot(s) and shall not be used to cover the client's out of pocket expenses, copayments, registration fees, late fees, field trips, or carried forward for future months of service. Providers who choose not to apply the funds as required will be subject to an overpayment and possible child care disqualification.

- (4) Providers must keep accurate records of subsidized child care payments, and time and attendance. The Department has the right to investigate child care providers and audit their records. Audits and investigations may be performed by a person or entity under contract with the Department. Time and attendance records for all subsidized clients must be kept for at least three years.
- (5) Providers must provide initial verification information to Providers must also cooperate with an determine eligibility. investigation or audit to determine ongoing eligibility or if eligibility was correctly determined. Cooperation includes providing information and verification and returning telephone calls or responding to emails from Department employees or other persons authorized by the Department to obtain information such as an employee of ORS in a timely manner. "A timely manner" is usually considered to be ten business days for written documentation and two business days to return a phone call or email request. Providing incomplete or incorrect information will be treated the same as a failure to provide information if the incorrect or insufficient information results in an improper decision with regard to the eligibility. Failure to disclose a material fact that might affect the eligibility determination can also lead to criminal prosecution. If a provider fails to cooperate with an investigation or audit, provide any and all information or verification requested, or fails to keep records for three years without good cause, the provider will no longer be an approved provider. Good cause is limited to circumstances where the provider can show that the reasons for the delay in filing were due to circumstances beyond the provider's control or were compelling and reasonable. The period the provider will not be an approved provider will be from the date the information or verification was due until when it is received by the Department.
- (6) If a provider accepts payment from funds provided by the Department for services which were not provided, the provider is responsible for repayment of the resulting overpayment and there may be a disqualification period and/or criminal prosecution.
- (7) CCL will keep a list of all providers that have been disqualified as a provider or against whom a referral or complaint is received.
- (8) All providers, except FFN providers as defined in R986-700-705(1)(b)(ii), are required to report their monthly, full-time child care rates to the local Care About Child Care agency. All providers must also report the rate for each individual child to the Department if the amount is less than the rate reported to Care About Child Care. Failure to report reduced rates may result in an overpayment.
- (9) Providers are required to access the Provider Portal at jobs.utah.gov/childcare and:
 - (a) submit and manage bank account information;
- (b) read and agree to the terms and conditions contained in the Portal;
 - (c) view child care payment information;
- (d) manage Provider Portal user access to ensure only those users with authority to make changes can do so. The provider is liable for all changes made and information provided through the Provider Portal;
- (e) report the following changes within 10 days, or by the 25th of the month, whichever is sooner:
- (i) a reduced or part-time rate for an individual child in care, as applicable. This includes reporting any rate changes or updates that occur for each child once a rate has been submitted in the portal;

- (ii) a child is no longer in child care;
- (iii) a child is not expected to be in child care the following month;
- (iv) that the provider received a greater subsidy payment amount than what was charged to the client for the month of service. Excess subsidy funds cannot be used to cover outstanding balances, copayments, registration fees, late fees, field trips, or future services. The provider should notify the Department and the difference will either be deducted from the next month's subsidy payment or the funds must be returned to the Department;
- (v) that a child has not attended for at least eight hours by the 25th of the month, regardless of whether the child attends or is expected to attend for at least eight hours following the 25th of the month; and
- (vi) a change in financial institution account information for direct deposit.
- (f) Effective February 1, 2018, between the 25th of each month and the end of the month, a licensed provider shall certify, in a manner specified by the Department, that the licensed provider has reviewed each child's attendance and reported any reportable changes in each child's attendance, including future changes known or expected by the provider.
- (10) Providers are required to read and agree to the terms and conditions contained in the Provider Guide annually.
- (11) Providers must submit a W-9 Form, Federal Employer Identification Number (EIN) or Social Security Number via the DWS Provider Portal, if required by the Department, and a 1099 will be issued annually. The Federal EIN or Social Security Number must be provided within 30 days of receipt of the first subsidy payment from the Department. Failure to submit this information shall result in the provider being removed from approved provider status.
- (12) A provider who provides services for any part of a month and then terminates services with the client/child during the month, must reimburse the Department for the days when care was not provided. However, if it was necessary to remove the child from care because the child or others were endangered, and the incident was reported to CCL or local authorities, the Department may waive repayment.

R986-700-710. Income and Asset Limits for ES CC.

- (1) Rule R986-200 is used to determine:
- (a) who must be included in the household assistance unit for determining whose income must be counted to establish eligibility. In some circumstances, determining household composition for a ES CC household is different from determining household composition for a FEP or FEPTP household. ES CC follows the parent and the child, not just the child so, for example, if a parent in the household is ineligible, the entire ES CC household is ineligible. A specified relative may not opt out of the household assistance unit when determining eligibility for CC. The income of the specified relatives needing ES CC in the household must be counted. For ES CC, only the income of the parent/client is counted in determining eligibility regardless of who else lives in the household. If both parents are living in the household, the income of both parents is counted. Recipients of SSI benefits are included in the household assistance unit.
 - (b) what is counted as income except:
- (i) the earned income of a minor child who is not a parent is not counted;

- (ii) child support, including in kind child support payments, is counted as unearned income, even if it exceeds the court or ORS ordered amount of child support, if the payments are made directly to the client. If the child support payments are paid to a third party, only the amount up to the court or ORS ordered child support amount is counted; and
- (iii) earned and unearned income of SSI recipients is counted with the exception of the SSI benefit.
 - (c) how to estimate income.
- (2) The following income deductions are the only deductions allowed on a monthly basis:
 - (a) the first \$50 of child support received by the family;
- (b) court ordered and verified child support and alimony paid out by the household;
 - (c) \$100 for each person with countable earned income; and
- (d) a \$100 medical deduction. The medical deduction is automatic and does not require proof of expenditure.
- (3) The household's countable income, less applicable deductions in paragraph (2) above, must be at, or below, a percentage of the state median income as determined by the Department. The Department will make adjustments to the percentage of the state median income as funding permits. The percentage currently in use is available at the Department's administrative office.
- (4) Charts establishing income limits and the copayment amounts are available at all local Department offices.
- (5) An independent living grant paid by DHS to a minor parent is not counted as income.
- (6) If a non-applicant parent pays a portion of the child care costs directly to the applicant parent, that amount is counted as income. If the non-applicant parent pays the child care provider directly, that amount will be deducted from the amount the provider reports to the Department as the charge for the child[subsidy amount]. For example: The provider's monthly charge is \$800 per month. The non-applicant parent pays \$300 directly to the provider. The provider should report the charge of \$500, as that is the portion the applicant parent is responsible to pay. The provider charge of \$500 will be used in the benefit calculation when determining the amount of subsidy. If the court orders the non-applicant to pay one-half of the child care costs, the non-applicant parent must pay one-half of the total cost of child care.
 - (7) Clients must meet the CCDF asset limit.

R986-700-711. ES CC to Support Education and Training Activities.

- (1) CC may be provided when the client(s) is engaged in education or training and employment, provided the client(s) meet the work requirements under Section R986-700-709(1).
- (2) The education or training is limited to courses that directly relate to improving the parent(s)' employment skills.
- (3) ES CC will only be paid to support education or training activities for a total of 24 calendar months. The months need not be consecutive.
- (a) On a case by case basis, and for a reasonable length of time, months do not count toward the 24-month time limit when a client is enrolled in a formal course of study for any of the following:
 - (i) obtaining a high school diploma or equivalent,
 - (ii) adult basic education, and/or

- (iii) learning English as a second language.
- (b) Months during which the client received FEP child care while receiving education and training do not count toward the 24month time limit.
- (c) CC can not ordinarily be used to support short term workshops unless they are required or encouraged by the employer. If a short term workshop is required or encouraged by the employer, and approved by the Department, months during which the client receives child care to attend such a workshop do not count toward the 24-month time limit.
- (4) Education or training can only be approved if the parent can realistically complete the course of study within 24 months.
- (5) A client may choose to receive continued child care eoverage of training participation hours for up to three months during a break in semesters to allow for continuity of care and to reserve the child care slot(s).
- $(\underline{5}[6])$ Any child care assistance payment to cover training participation hours made for a calendar month, or a partial calendar month, counts as one month toward the 24-month limit.
- $(\underline{6}[7])$ There are no exceptions to the 24-month time limit, and no extensions can be granted.
- (Z[8]) CC is not allowed to support education or training if the parent already has a bachelor's degree.
- $(\underline{8}[9])$ CC cannot be approved for graduate study or obtaining a teaching certificate if the client already has a bachelor's degree.

[R986-700-719. Job Search Child Care (JS CC).

- (1) JS CC is available to a client who is otherwise eligible for child care but is separated from his or her job and meets the eligibility criteria.
- (2) JS CC is available for a maximum of three additional months provided the client:
- (a) met the minimum work requirement for a single or twoparent household, and was permanently separated from his or her job or was receiving child care for an allowable temporary change when permanently separated from his or her job;
- (b) was receiving ES CC in the month of the job separation and;
- (c) reports the job loss within 10 days and requestseontinued child care payments while searching for a job. In that case, the client will be eligible for one additional month of child care. The month of the job loss does not count.
- (3) If the client verifies the job loss in a timely manner, as directed by the Department, a second and third month of CC will be paid while the client looks for a job.
- (4) The JS CC copayment will be at the lowest copayment amount required by the Department for the lowest income group; disregarding all earned income during the JS CC period.]

KEY: child care, grant programs

Date of Enactment or Last Substantive Amendment: [September 7, 2018] 2019

Notice of Continuation: September 3, 2015

Authorizing, and Implemented or Interpreted Law: 35A-3-310; 53A-1b-110; 53F-5-210

Workforce Services, Unemployment Insurance

R994-305-801

Wage List Requirement

NOTICE OF PROPOSED RULE

(Amendment) DAR FILE NO.: 43558 FILED: 02/28/2019

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of these proposed rule changes is twofold: 1) to require employers to submit quarterly wage lists using the Department of Workforce Services' (Department) online filing service; and 2) to require employers to report employees' full name, consistent with Department's current technological capacity.

SUMMARY OF THE RULE OR CHANGE: The Department administers the State's Unemployment Insurance (UI) Program pursuant to Sections 35A-1-202 and 35A-4-101 et seq. Section 1137 of the Social Security Act (42 U.S. Code 1320b-7(a)(3)) requires employers to submit quarterly wage reports to a state agency. The Department is the designated agency for the state of Utah. Subsection 35A-4-305(8)(a) requires employers to furnish the Department in the form as the Department may require by rule. These proposed rule changes simplify and standardizes the wage list submission process by requiring employers to submit wage lists using the Department's online filing service. Online filing is a faster and more secure way to report wages. Paper submissions travel through the postal system and must be manually data entered by Department staff, creating potential security and manual data entry error risks. The online tool will also automatically and accurately calculate tax liability. In addition, the Department will be able to shift current resources used for manual data entry to more critical functions, such as employer compliance and overpayment collection efforts. Requiring employers to submit wage lists online is consistent with the requirements of other state agencies, including the State Tax Commission. The Tax Commission began requiring online submissions in 2015. Pursuant to Section 59-10-406, employers must report the total amount of wages paid to employees in an electronic format approved by the Tax Commission. Those employers are the same employers submitting wage lists to the Department. The compliance impact of these proposed rule changes will be significantly smaller in scope than the Tax Commission change. At the time the Tax Commission required online submission less than 50% of employers were using the online services. Currently, 93% of employers are submitting wage lists to the Department online. Only 7% of employers will be required to change the way they file their wage lists. The change was

discussed with the Employer Advisory Council and all agreed it would be a positive change. The UI division will be notifying all impacted employers and will provide online webinars to train those affected by this change. Additionally, these rule changes require employers to report employees' full name, consistent with the Department's current technological capacity.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: 42 U.S.C. Sec 1320b-7 and Section 35A-4-305

ANTICIPATED COST OR SAVINGS TO:

- ♦ THE STATE BUDGET: These proposed rule changes are not expected to have any fiscal impact on state government revenues or expenditures because these proposed rule changes simply create a more efficient mechanism for employers to submit wage lists. Currently, fewer than 60 state agencies and local government entities do not file wage lists online. Employers are already required to submit quarterly wage reports to the Tax Commission using the Commission's online filing service. Any computer purchases or internet connections needed to become compliant with the Tax Commission can be used to meet these proposed rule changes. It is unlikely that any employer will need to acquire additional internet access, computer hardware, or software to comply with online filing. There is no fee to use the online filing service to submit wage lists.
- ♦ LOCAL GOVERNMENTS: These proposed rule changes are not expected to have any fiscal impact on local governments' revenues or expenditures because the UI program is a state-level program that does not rely on local governments for its funding, administration, or enforcement. Currently, fewer than 60 state agencies and local government entities do not file wage lists online. Employers are already required to submit quarterly wage reports to the Tax Commission using the Commission's online filing service. Any computer purchases or internet connections needed to become compliant with the Tax Commission can be used to meet these proposed rule changes. It is unlikely that any employer will need to acquire additional internet access, computer hardware, or software to comply with online filing. There is no fee to use the online filing service to submit wage lists
- ♦ SMALL BUSINESSES: These proposed rule changes are not expected to have any fiscal impact on small businesses' revenues or expenditures because nothing in the proposed rule changes will affect the amount of unemployment taxes paid by any business. More than 90% of small business employers already submit wage lists online. Currently, there are approximately 4,700 small business employers not filing wage lists online. Employers are already required to submit quarterly wage reports to the Tax Commission using the Commission's online filing service. Any computer purchases or internet connections needed to become compliant with the Tax Commission can be used to meet these proposed rule changes. It is unlikely that any employer will need to acquire additional internet access, computer hardware, or software to comply with online filing. There is no fee to use the online filing service to submit wage lists.

♦ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: These proposed rule changes are not expected to have any fiscal impact on other individuals revenues or expenditures because these proposed rule changes simply create a more efficient mechanism for employers to submit wage lists. Nothing in these proposed rule changes affect or limits a claimant's substantive eligibility for UI benefits, or limits the duration for which those benefits may be received. Further, currently employees of employers submitting quarterly wages by mail are having personal information (Social Security number and wages) submitted by their employers in an insecure way. These proposed rule changes would eliminate the risk of using postal services for such personal information submissions.

COMPLIANCE COSTS FOR AFFECTED PERSONS: These proposed rule changes are not expected to cause any compliance costs for affected persons because there is no fee to use the Department's online service to submit wage lists

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: After a thorough analysis, it was determined that these proposed rule changes will not result in a fiscal impact to businesses.

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

WORKFORCE SERVICES UNEMPLOYMENT INSURANCE 140 E 300 S SALT LAKE CITY, UT 84111-2333 or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Amanda McPeck by phone at 801-517-4709, or by Internet E-mail at ampeck@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 04/15/2019

THIS RULE MAY BECOME EFFECTIVE ON: 07/01/2019

AUTHORIZED BY: Jon Pierpont, Executive Director

Appendix 1: Regulatory Impact Summary Table*

Fiscal Costs	FY 2019	FY 2020	FY 2021
State Government	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0

\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
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*This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts for State Government, Local Government, Small Businesses and Other Persons are described in the narrative. Inestimable impacts for Non-Small Businesses are described in Appendix 2.

Appendix 2: Regulatory Impact to Non-Small Businesses

These proposed rule changes are not expected to have any fiscal impacts on non-small businesses revenues or expenditures because nothing in the proposed rule change will affect the amount of unemployment taxes paid by any business.

More than 90% of non-small business employers already submit wage lists online. Currently, there are approximately 1,200 non-small business employers not filing wage lists online. Employers are already required to submit quarterly wage reports to the Tax Commission using the Commission's online filing service. Any computer purchases or internet connections needed to become compliant with the Tax Commission can be used to meet this proposed rule change. It is unlikely that any employer will need to acquire additional internet access, computer hardware or software to comply with online filing. There is no fee to use the online filing service to submit wage lists.

The executive director of the Department of Workforce Services, Jon Pierpont, has reviewed and approved this fiscal analysis.

R994. Workforce Services, Unemployment Insurance. R994-305. Collection of Contributions. R994-305-801. Wage List Requirement.

(1) Federal Requirement.

Section 1137 of the Social Security Act requires employers to submit quarterly wage reports to a state agency. This Department is

the designated agency for the state of Utah. The Unemployment Insurance Division of the Department uses wage information submitted by employers to establish benefit determinations for claimants and to verify employer contribution payments.

- (2) Wage List Due Date.
- (a) Contributory employers must file a wage list with the Form 3, Employer's Contribution Report. Reimbursable employers must file a wage list with the Form 794, Insured Employment and Wage Report. Wage lists are due the last day of the month following the end of the calendar quarter.
- (b) Domestic employers electing to file an annual report must file a wage list with the Form 3D, Domestic Employer's Annual Report. The wage list is due January 31 of the year following the year wages were paid.
- (c) Reimbursable employers must not file a wage list with Form 794-N, Non-insured Employment and Wage Report.
- (d) Wage list due dates may be changed and extensions granted under the same provisions established for contribution reports in Rule R994-302.
 - (3) Wage Information Required.

Each page of the wage list must be identified by the employer's Utah registration number, the employer's name, and the quarter and year being reported. The following information must be provided for each employee as a line item on each wage list in the following order:

- (a) social security number;
- (b) <u>full name[first initial, second initial and full last name];</u>
- (c) gross wages paid during the quarter. Section 35A-4-204 defines subject employment and Section 35A-4-208 defines wages. Only those employees who were paid wages during the quarter should be reported on the wage list.
 - (4) Wage Reporting Methods.

The Department will accept wage lists filed on the Department website. [approved forms, approved magnetic and electronic media, or the Department website. All wage lists reported on forms other than those provided by the Department require prior approval.]

(a) Approved Form Reporting.

The wage list must be typewritten or machine printed in black ink so that it is capable of being processed by an optical scanner. The wage list must be on Department approved forms or on plain white paper using the exact same format, placement on the page, and spacing as on the Department approved forms. Wage list forms are available upon request from the Department or may be downloaded from the Department's website.

- (b) Magnetic and Electronic Media Reporting.
- Magnetic and electronic media reporting must be submitted according to specifications approved by the Department.
 - (5) Wage List Total Must Equal the Quarterly Report Total.

The total amount of wages reported on the wage list must be the same as the total wages shown on the Form 3, Employer's Contribution Report. The total of the wage list for a reimbursable employer must be the same as the total wages shown as "insured payroll" on Form 794, Insured Employment and Wage Report. Wage lists consisting of more than one page must show the employer's Utah registration number, the quarter and year of the reporting period, a total for each page and a grand total for all pages on the first page.

(6) Wage Lists Corrections for Prior Quarters.

- (a) Corrections to wage lists for prior quarters must be made on a separate report and not on the wage list for the current quarter. The employer must submit the following information for each employee in the following order:
 - (i) social security number;
 - (ii) <u>full name</u>[first initial, second initial and full last name];

and

- (iii) gross wages that should have been properly reported.
- (b) Each page of the wage list adjustments must be identified by the employer's Utah registration number, the employer's name, and the quarter and year.
- (c) The employer must submit an explanation for the corrections being made.
- (d) Corrections to wages may result in additional contributions being assessed or refunded.
 - (7) Penalty for Failure to Provide Wage List Information.
- (a) A penalty may be assessed for each failure to submit a wage list by the due date as specified in this rule or for failure to submit a wage list in an acceptable format as specified in this rule. The penalty amount is \$50 for every 15 days, or fraction thereof, that the filing is late or not in an acceptable format, not to exceed \$250 per filing.
- (b) The penalty will be collected in the same manner and under the same legal provisions as unpaid contributions. Waiver of the penalty will be made if the employer can show good cause for failure to provide the required wage list. Good cause is established if the employer was prevented from filing a wage list for circumstances that are compelling or beyond the employer's control. Payment of the penalty does not relieve the employer from the responsibility of filing the wage list in the acceptable format.

KEY: unemployment compensation, overpayments, wage list Date of Enactment or Last Substantive Amendment: [January 8, 2013]2019

Notice of Continuation: November 20, 2014 Authorizing, and Implemented or Interpreted Law: 35A-4-305[(1)]

Workforce Services, Unemployment Insurance R994-403

Claim for Benefits

NOTICE OF PROPOSED RULE

(Amendment)
DAR FILE NO.: 43557
FILED: 02/28/2019

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rule change updates instructions regarding the method of applying for benefits.

SUMMARY OF THE RULE OR CHANGE: The Department of Workforce Services (Department) administers the state's unemployment insurance program pursuant to Sections 35A-1-202 and 35A-4-101 et seq. This proposed rule change directs unemployment insurance claimants to apply for benefits on the Department's website, rather than by contacting the Claims Center by telephone. The proposed rule change also clarifies that applying for reopening of a claim can be done on the Department's website, rather than by contacting the Claims Center. The Department has determined that the most effective and efficient mechanism for claimants to submit applications for benefits is through the Department's website. Currently, claimants who call the Claims Center to file a claim by telephone are directed to the Department's website. If the claimant does not have a computer or internet access, the Department has over 30 Employment Centers located across the state with computer access available to the public. If a claimant is unable to report to an Employment Center, the Claims Center staff makes arrangements for the claimant to submit their application in another way. This rule change retains the provisions allowing claimants to contact the Department to receive instruction regarding other methods of applying, ensuring continued access for those with disabilities or other qualifying conditions. Very few individuals have required other arrangements for filing. This rule change allows resources currently dedicated to taking claims over the phone to be shifted to more value-added efforts, specifically engaging more claimants with reemployment resources in an effort to reduce claim duration and exhaustion rates thus preserving the Unemployment Compensation Fund.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 35A-4-403

ANTICIPATED COST OR SAVINGS TO:

- ♦ THE STATE BUDGET: This proposed rule change is not expected to have any fiscal impact on state government revenues or expenditures because the proposed rule change simply ensures the majority of claimants use the most effective and efficient mechanism for applying for benefits. Nothing in this proposed rule change affects or limits a claimant's substantive eligibility for unemployment insurance benefits, or limits the duration for which those benefits may be received.
- ♦ LOCAL GOVERNMENTS: This proposed rule change is not expected to have any fiscal impact on local governments' revenues or expenditures because the unemployment insurance program is a state-level program that does not rely on local governments for its funding, administration, or enforcement.
- ♦ SMALL BUSINESSES: This proposed rule change is not expected to have any fiscal impact on small businesses' revenues or expenditures because nothing in the proposed rule change will affect the amount of unemployment taxes paid by any business or otherwise affect the substantive

eligibility for, or payment of, unemployment insurance benefits to any claimant. The Department has considered whether this proposed rule change will have a measurable negative fiscal impact on small businesses and has determined that the proposed rule change will not have a negative fiscal impact.

♦ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: This proposed rule change is not expected to have any fiscal impact on other individuals revenues or expenditures because the proposed rule change simply ensures the majority of claimants use the most effective and efficient mechanism for applying for benefits. Nothing in this proposed rule change affects or limits a claimant's substantive eligibility for unemployment insurance benefits or limits the duration for which those benefits may be received.

COMPLIANCE COSTS FOR AFFECTED PERSONS: This proposed rule change is not expect to cause any compliance costs for affected persons because the proposed rule change does not create any new eligibility or administrative requirements for claimants or any other affected persons. At this time, 90% of initial claims are completed online. After the claim is filed, all claimants are required to complete weekly claims. In 2012, the Department required all weekly claims to be completed online. In 2018, 99.6% of weekly claims were completed online. The resources needed by a claimant to comply with online weekly filing will allow the claimant to comply with this change seamlessly.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: After a thorough analysis, it was determined that this proposed rule change will not result in a fiscal impact to businesses.

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

WORKFORCE SERVICES
UNEMPLOYMENT INSURANCE
140 E 300 S
SALT LAKE CITY, UT 84111-2333
or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Amanda McPeck by phone at 801-517-4709, or by Internet E-mail at ampeck@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 04/15/2019

THIS RULE MAY BECOME EFFECTIVE ON: 05/01/2019

AUTHORIZED BY: Jon Pierpont, Executive Director

Appendix 1: Regulatory Impact Summary Table*

Fiscal Costs	FY 2019	FY 2020	FY 2021
State Government	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Person	\$0	\$0	\$0
Total Fiscal Costs:	\$0	\$0	\$0
Fiscal Benefits			
State Government	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Benefits:	\$0	\$0	\$0
Net Fiscal Benefits:	\$0	\$0	\$0

*This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts for State Government, Local Government, Small Businesses and Other Persons are described in the narrative. Inestimable impacts for Non-Small Businesses are described in Appendix 2.

Appendix 2: Regulatory Impact to Non-Small Businesses

This proposed rule change is not expected to have any fiscal impact on non-small businesses revenues or expenditures because nothing in the proposed rule change will affect the amount of unemployment taxes paid by any business.

The executive director of the Department of Workforce Services, Jon Pierpont, has reviewed and approved this fiscal analysis.

R994. Workforce Services, Unemployment Insurance. R994-403. Claim for Benefits. R994-403-101a. Filing a New Claim.

- (1) A new claim for unemployment benefits is made by filing with the Department of Workforce Services Claims Center. A new claim can be filed by [telephone,]completing an application at the Department's web[-]site, or as otherwise instructed by the Department.
- (2) The effective date of a new claim for benefits is the Sunday of the week in which the claim is filed, provided the claimant did not work full-time during that week, or is not entitled to earnings equal to or in excess of the WBA for that week. A claim for benefits can only be made effective for a prior week if the claimant can establish good cause for late filing in accordance with R994-403-106a.
- (3) When a claimant files a new claim during the last week of a quarter and has worked less than full-time for that week, the Department will make the claim effective that week if it is advantageous to the claimant, even if the claimant has earnings for that week that are equal to or in excess of the WBA.
- (4) Wages used to establish eligibility for a claim cannot be used on a subsequent claim.

R994-403-103a. Reopening a Claim.

- (1) A claim for benefits is considered "closed" when a claimant reports four consecutive weeks of earnings equal to or in excess of the WBA or does not file a weekly claim within 27 days from the last week filed. In those circumstances, the claimant must reopen the claim before benefits can be paid.
- (2) A claimant may reopen the claim any time during the 52-week period after first filing by completing the application to reopen at the Department's website, or as otherwise instructed by the Department[contacting the Claims Center]. The effective date of the reopened claim will be the Sunday of the week in which the claimant requests reopening unless good cause is established for failure to request reopening during a prior week in accordance with R994-403-106a

KEY: filing deadlines, registration, student eligibility, unemployment compensation

Date of Enactment or Last Substantive Amendment: [May 30, 2017]2019

Notice of Continuation: March 29, 2018

Authorizing, and Implemented or Interpreted Law: 35A-4-403(1)

End of the Notices of Proposed Rules Section

FIVE-YEAR NOTICES OF REVIEW AND STATEMENTS OF CONTINUATION

Within five years of an administrative rule's original enactment or last five-year review, the agency is required to review the rule. This review is intended to help the agency determine, and to notify the public, that the administrative rule in force is still authorized by statute and necessary. Upon reviewing a rule, an agency may: repeal the rule by filing a Proposed Rule; continue the rule as it is by filing a Five-Year Notice of Review and Statement of Continuation (Review); or amend the rule by filing a Proposed Rule and by filing a Review. By filing a Review, the agency indicates that the rule is still necessary.

A **R**eview is not followed by the rule text. The rule text that is being continued may be found in the online edition of the *Utah Administrative Code* available at https://rules.utah.gov/. The rule text may also be inspected at the agency or the Office of Administrative Rules. **R**eviews are effective upon filing.

Reviews are governed by Section 63G-3-305.

Commerce, Occupational and Professional Licensing

R156-60

Mental Health Professional Practice Act Rule

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 43543 FILED: 02/26/2019

NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

EXPLANATION OF CONCISE THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Title 58, Chapter 60, provides for the licensure and regulation of several categories of mental health professions (social workers, marriage and family therapists, clinical mental health counselors, and substance use disorder counselors). Subsection 58-1-106(1)(a) provides that the Division of Occupational and Professional Licensing (Division) may adopt and enforce rules to administer Title 58. This rule was enacted to clarify the provisions of Title 58, Chapter 60, Part 1, with respect to the mental health professions identified above.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: Since this rule was last reviewed in 2014, the rule has been amended two times. The Division has received no written comments with respect to this rule since it was last reviewed in 2014.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule should be continued as it provides a mechanism to inform potential licensees of the requirements for licensure as allowed under statutory authority provided in Title 58, Chapter 60, Part 1. This rule should also be continued as it provides information to ensure applicants for licensure are adequately trained and meet minimum licensure requirements, and provides licensees with information concerning unprofessional conduct, definitions, and ethical standards relating to the profession.

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

COMMERCE
OCCUPATIONAL AND PROFESSIONAL
LICENSING
HEBER M WELLS BLDG
160 E 300 S
SALT LAKE CITY, UT 84111-2316
or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Jennifer Zaelit by phone at 801-530-7632, or by Internet E-mail at jzaelit@utah.gov

AUTHORIZED BY: Mark Steinagel, Director

EFFECTIVE: 02/26/2019

Health, Disease Control and Prevention, Health Promotion R384-100

Cancer Reporting Rule

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 43540 FILED: 02/25/2019

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: Sections 26-1-30 and 26-5-3 authorize through the routine reporting of cancer cases, trends in cancer incidences, and mortality cancer can be monitored and prevention and control measures evaluated.

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 supporting or opposing this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This cancer reporting rule is adopted to specify the reporting requirements for cases of cancer. Therefore, this rule should be continued.

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

HEALTH
DISEASE CONTROL AND PREVENTION,
HEALTH PROMOTION
CANNON HEALTH BLDG
288 N 1460 W
SALT LAKE CITY, UT 84116-3231
or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Marie Nagata by phone at 801-538-6519, or by Internet E-mail at mnagata@utah.gov

AUTHORIZED BY: Joseph Miner, MD, Executive Director

EFFECTIVE: 02/25/2019

Health, Disease Control and Prevention, Health Promotion **R384-200**

Cancer Control Program

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 43539 FILED: 02/25/2019

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: Sections 26-5-2 and 26-1-5 authorize program eligibility, benefits, and administration for the Utah Cancer Control Program.

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 supporting or opposing this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: The Utah Cancer Control and BeWise Programs continue to receive monies to provide screening services to women in Utah. Therefore, this rule should be continued.

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

HEALTH
DISEASE CONTROL AND PREVENTION,
HEALTH PROMOTION
CANNON HEALTH BLDG
288 N 1460 W
SALT LAKE CITY, UT 84116-3231
or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Marie Nagata by phone at 801-538-6519, or by Internet E-mail at mnagata@utah.gov

AUTHORIZED BY: Joseph Miner, MD, Executive Director

EFFECTIVE: 02/25/2019

Health, Disease Control and Prevention, Health Promotion **R384-203**

Prescription Drug Database Access

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 43537 FILED: 02/25/2019

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 58-37f-301(2)(f) establishes procedure and application process for Utah Department of Health Executive Director to designate and assign a person, who is not an employee of the Department of Health, to conduct scientific studies regarding the use or abuse of controlled substances.

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 were received during and since the last five-year review of this rule from interested persons supporting or opposing this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule is required by Subsection 58-37f-301(2)(f). Therefore, this rule should be continued.

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

HEALTH
DISEASE CONTROL AND PREVENTION,
HEALTH PROMOTION
CANNON HEALTH BLDG
288 N 1460 W
SALT LAKE CITY, UT 84116-3231
or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Anna Fondario by phone at 801-538-6201, or by Internet E-mail at afondario@utah.gov

AUTHORIZED BY: Joseph Miner, MD, Executive Director

EFFECTIVE: 02/25/2019

Health, Family Health and Preparedness, Children with Special Health Care Needs R398-10

Autism Spectrum Disorders and Intellectual Disability Reporting

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 43538 FILED: 02/25/2019

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: Sections 26-1-30, 26-5-3, and 26-5-4 authorize this rule. This rule establishes reporting requirements for autism spectrum disorder (ASD) and intellectual disability, and related test results in individuals.

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. Positive feedback was received on the updated rule changes in September 2018.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Sections 26-1-30, 26-5-3, and 26-5-4 are still in effect. This rule defines how the program will implement and facilitate the statutes. Therefore, this rule should be continued.

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

HEALTH
FAMILY HEALTH AND PREPAREDNESS,
CHILDREN WITH SPECIAL HEALTH CARE NEEDS
44 N MARIO CAPECCHI DR
SALT LAKE CITY, UT 84113
or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO: ◆ Joyce McStotts by phone at 801-584-8239, by FAX at 801-584-8488, or by Internet E-mail at jmcstotts@utah.gov

AUTHORIZED BY: Joseph Miner, MD, Executive Director

EFFECTIVE: 02/25/2019

Health, Family Health and Preparedness, Licensing

R432-7

Specialty Hospital - Psychiatric Hospital Construction

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 43553 FILED: 02/27/2019

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: Title 26, Chapter 21, is the health code that mandates the licensing of health facilities.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: There have been no written comments from any party regarding this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule continues to be required by Title 26, Chapter 21, of the Health Facility Licensure and Inspection Act. There are 10 psychiatric specialty hospitals in Utah. The Department of Health agrees with the need to continue this rule.

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

HEALTH
FAMILY HEALTH AND PREPAREDNESS,
LICENSING
3760 S HIGHLAND DR
SALT LAKE CITY, UT 84106
or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Kristi Grimes by phone at 801-273-2821, or by Internet E-mail at kristigrimes@utah.gov

AUTHORIZED BY: Joseph Miner, MD, Executive Director

EFFECTIVE: 02/27/2019

Health, Family Health and Preparedness, Licensing

R432-8

Specialty Hospital – Chemical Dependency/Substance Abuse Construction

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 43559 FILED: 02/28/2019

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: Title 26, Chapter 21, is the health code that mandates the licensing of health care facilities.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: There have been no written comments from any party regarding this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule continues to be required by Title 26, Chapter 21, of the Health Facility Licensure and Inspection Act. There is one chemical dependency/substance abuse specialty hospital in Utah. The Department agrees with the need to continue this rule.

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

HEALTH
FAMILY HEALTH AND PREPAREDNESS,
LICENSING
3760 S HIGHLAND DR
SALT LAKE CITY, UT 84106
or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Kristi Grimes by phone at 801-273-2821, or by Internet E-mail at kristigrimes@utah.gov

AUTHORIZED BY: Joseph Miner, MD, Executive Director

EFFECTIVE: 02/28/2019

Health, Family Health and Preparedness, Licensing

R432-9

Specialty Hospital – Rehabilitation Construction Rule

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 43560 FILED: 02/28/2019

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: Title 26, Chapter 21, is the health code that mandates the licensing of health care facilities.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: There have been no written comments from any party regarding this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule continues to be required by Title 26, Chapter 21, of the Health Facility Licensure and Inspection Act. There are two rehabilitation specialty hospitals in Utah. The Department agrees with the need to continue this rule.

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

HEALTH FAMILY HEALTH AND PREPAREDNESS, LICENSING 3760 S HIGHLAND DR SALT LAKE CITY, UT 84106 or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Kristi Grimes by phone at 801-273-2821, or by Internet E-mail at kristigrimes@utah.gov

AUTHORIZED BY: Joseph Miner, MD, Executive Director

EFFECTIVE: 02/28/2019

Health, Family Health and Preparedness, Licensing **R432-270**

Assisted Living Facilities

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 43533 FILED: 02/20/2019

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: Title 26, Chapter 21, is the health code that mandates the licensing of health care facilities.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: There have been no written comments from any party regarding this rule.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule continues to be required by Title 26, Chapter 21, of the Health Facility Licensure and Inspection Act. There are 238 assisted living facilities in Utah. The Department of Health agrees with the need to continue this rule.

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

HEALTH
FAMILY HEALTH AND PREPAREDNESS,
LICENSING
3760 S HIGHLAND DR
SALT LAKE CITY, UT 84106
or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- \blacklozenge Joel Hoffman by phone at 801-273-2804, by FAX at 801-274-0658, or by Internet E-mail at jhoffman@utah.gov
- ♦ Kristi Grimes by phone at 801-273-2821, or by Internet E-mail at kristigrimes@utah.gov

AUTHORIZED BY: Joseph Miner, MD, Executive Director

EFFECTIVE: 02/20/2019

Public Safety, Peace Officer Standards and Training R728-502

Procedure for POST Instructor
Certification

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 43534 FILED: 02/21/2019

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: This rule is authorized by Subsection 53-6-105(1)(k), which provides that the Director of the Division of Peace Officer Standards and Training (POST) shall, with the advice of the council, make rules necessary to administer Title 53, Chapter 6.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: POST has not received any written comments regarding this rule since the last five-year review.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule is required under Subsection 53-6-105(1)(k), and is necessary in order to provide guidelines for the certification of training instructors, and to establish standards for the revocation of POST instructor certification pursuant to Section 53-6-105(1)(c). Therefore, this rule should be continued.

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

PUBLIC SAFETY
PEACE OFFICER STANDARDS AND TRAINING
410 W 9800 S
SANDY, UT 84070
or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ♦ Kim Gibb by phone at 801-556-8198, by FAX at 801-964-4482, or by Internet E-mail at kgibb@utah.gov
- ♦ Scott Stephenson by phone at 801-256-2322, by FAX at 801-256-0600, or by Internet E-mail at sstephen@utah.gov

AUTHORIZED BY: Scott Stephenson, Director

EFFECTIVE: 02/21/2019

Regents (Board of), University of Utah, Administration

R805-3

Overnight Camping and Campfires on University of Utah Property

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 43541 FILED: 02/25/2019

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: This rule is enacted and justified under Subsection 53B-1-104(8) and Sections 53B-2-106, 63G-4-102, 65A-8-211, and 76-8-701.

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 written comments have been received during the specified time period.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule should be continued as it sets forth the regulations that govern camping and campfires on University of Utah (University) property. This rule prohibits overnight camping and campfires on University of Utah property absent the express permission of the University. This rule defines overnight camping and campfires. It also lists the sanctions that may be imposed for violation of this rule which may include discipline for members of the University community through a University process, citation for having an improper fire, citation for criminal trespass, temporary eviction and denial of access, and eviction and denial of access after an information adjudicative proceeding. The University intends to amend this rule in order to accommodate the possibility of campfires being allowed in designated areas for particular events.

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

REGENTS (BOARD OF)
UNIVERSITY OF UTAH, ADMINISTRATION
ROOM 309 PARK BLDG
201 S PRESIDENTS CIR
SALT LAKE CITY, UT 84112-9009
or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Robert Payne by phone at 801-585-7002, by FAX at 801-585-7007, or by Internet E-mail at robert.payne@legal.utah. edu

AUTHORIZED BY: Robert Payne, Associate General Counsel

EFFECTIVE: 02/25/2019

Regents (Board of), University of Utah, Museum Of Natural History (Utah) R807-1

Curation of Collections from State I ands

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 43535 FILED: 02/22/2019

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: Subsections 53B-17-603(2) and 53B-17-603(4)(b) require the Utah Museum of Natural History to make rules to ensure the adequate curation of archeological and paleontological collections collected from state lands, including the selection of appropriate curation facilities/repositories.

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 written comments have been received.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Rule R807-1 is necessary to the Utah Museum of Natural History and as part of the statewide process for protecting archaeological resources recovered from state lands. Among other things, Rule R807-1 establishes standards for curation and the obligations of repositories and curation facilities. Therefore, this rule should be continued.

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

REGENTS (BOARD OF)
UNIVERSITY OF UTAH,
MUSEUM OF NATURAL HISTORY (UTAH)
301 WAKARA WAY
SALT LAKE CITY, UT 84108
or at the Office of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Janaki Krishna, or by Internet E-mail at jkrishna@umnh. utah.edu

AUTHORIZED BY: Sarah George, Executive Director

EFFECTIVE: 02/22/2019

End of the Five-Year Notices of Review and Statements of Continuation Section

NOTICES OF RULE EFFECTIVE DATES

State law provides for agencies to make their administrative rules effective and enforceable after publication in the Utah State Bulletin. In the case of Proposed Rules or Changes in Proposed Rules with a designated comment period, the law permits an agency to make a rule effective no fewer than seven calendar days after the close of the public comment period, nor more than 120 days after the publication date. In the case of Changes in Proposed Rules with no designated comment period, the law permits an agency to make a rule effective on any date including or after the thirtieth day after the rule's publication date, but not more than 120 days after the publication date. If an agency fails to file a Notice of Effective Date within 120 days from the publication of a Proposed Rule or a related Change in Proposed Rule the rule lapses.

Agencies have notified the Office of Administrative Rules that the rules listed below have been made effective.

Notices of Effective Date are governed by Subsection 63G-3-301(12), Section 63G-3-303, and Sections R15-4-5a and R15-4-5b.

Abbreviations

AMD = Amendment

CPR = Change in Proposed Rule

NEW = New Rule

R&R = Repeal & Reenact

REP = Repeal

Education Administration

No. 43450 (AMD): R277-404. Requirements for

Assessments of Student Achievement

Published: 01/15/2019 Effective: 02/22/2019

Lieutenant Governor

Elections

No. 43275 (NEW): R623-5. Municipal Alternate Voting

Methods Pilot Project Published: 11/01/2018 Effective: 03/01/2019 Natural Resources

Parks and Recreation

No. 43464 (AMD): R651-214. Temporary Registration

Published: 01/15/2019 Effective: 02/21/2019

Public Safety
Administration

No. 43418 (AMD): R698-5. State Hazardous Chemical Emergency Response Commission Advisory Committee

Published: 12/15/2018 Effective: 02/20/2019

Criminal Investigations and Technical Services, Criminal

Identification

No. 43435 (NEW): R722-920. Cold Case Database

Published: 01/01/2019 Effective: 02/20/2019

End of the Notices of Rule Effective Dates Section

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, 2019 through March 01, 2019. The Rules Index is published in the Utah State Bulletin and in the annual Utah Administrative Rules 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).

Questions regarding the index and the information it contains should be addressed to the Office of Administrative Rules (801-538-3003).

A copy of the Rules Index is available for public inspection at the Office of Administrative Rules (5110 State Office Building, Salt Lake City, UT), or may be viewed online at the Office's web site (https://rules.utah.gov/).

RULES INDEX - BY AGENCY (CODE NUMBER)

ABBREVIATIONS

AMD = Amendment (Proposed Rule) CPR = Change in Proposed Rule LNR = Legislative Nonreauthorization NEW = New Rule (Proposed Rule) NSC = Nonsubstantive Rule Change R&R = Repeal and Reenact (Proposed Rule) EMR = 120-Day (Emergency) Rule EXD = Expired Rule

REP = Repeal (Proposed Rule)
5YR = Five-Year Notice of Review and
Statement of Continuation EXP = Expedited Rule EXT = Five-Year Review Extension
GEX = Governor's Extension

EV - GOVELLIOL2 EXIGUSION	Statement of Continuation

CODE REFERENCE	TITLE	FILE NUMBER	ACTION	EFFECTIVE DATE	BULLETIN ISSUE/PAGE
ADMINISTRATIVE SER	RVICES				
Facilities Construction a R23-3	and Management Planning, Programming, Request for Capital Development Projects and Operation and Maintenance Reporting for State Owned Facilities	43524	NSC	03/01/2019	Not Printed
R23-29	Delegation of Project Management	43525	NSC	03/01/2019	Not Printed
Finance R25-10 R25-11	State Entities' Posting of Financial Information to the Utah Public Finance Website Utah Transparency Advisory Board,	43404 43471	AMD 5YR	01/23/2019 01/07/2019	2018-24/6 2019-3/43
	Procedures for Electronic Meetings				
Risk Management R37-4	Adjusted Utah Governmental Immunity Act Limitations on Judgments	43235	AMD	01/18/2019	2018-21/2
AGRICULTURE AND F	OOD				
Animal Industry R58-20	Domesticated Elk Hunting Parks	43469	5YR	01/07/2019	2019-3/43
COMMERCE					
Occupational and Profe R156-20a (Changed to R156-20b)	essional Licensing Environmental Health Scientist Act Rule	43466	NSC	01/11/2019	Not Printed
R156-60 R156-80a	Mental Health Professional Practice Act Rule Medical Language Interpreter Act Rule	43543 43465	5YR 5YR	02/26/2019 01/02/2019	Not Printed 2019-2/19
Real Estate R162-2f	Real Estate Licensing and Practices Rules	43407	AMD	01/23/2019	2018-24/8
CORRECTIONS					
Administration R251-105	Applicant Qualifications for Employment with Department of Corrections	43218	AMD	02/11/2019	2018-20/12
EDUCATION					
Administration R277-122 R277-308	Board of Education Procurement New Educator Induction and Mentoring	43441 43442	AMD NEW	02/07/2019 02/07/2019	2019-1/17 2019-1/22

R277-400	School Facility Emergency and Safety	43507	5YR	02/08/2019	2019-5/95
R277-404	Requirements for Assessments of Student	43450	AMD	02/22/2019	2019-2/6
11277 404	Achievement	10100	/ IIVID	OL/LL/LO 10	2010 2/0
D277 410	Pupil Accounting	12175	NSC	01/15/2010	Not Drinted
R277-419		43475		01/15/2019	Not Printed
R277-437	Student Enrollment Options	43397	AMD	01/09/2019	2018-23/6
R277-470	Charter Schools - General Provisions	43374	REP	01/09/2019	2018-23/9
R277-481	Charter School Oversight, Monitoring and	43399	REP	01/09/2019	2018-23/12
	Appeals				
R277-482	Charter School Timelines and Approval	43392	REP	01/09/2019	2018-23/15
	Processes				
R277-486	Professional Staff Cost Program	43508	5YR	02/08/2019	2019-5/95
R277-494-4	Charter or Online School Student Participation	43506	NSC	02/20/2019	Not Printed
	in Co-Curricular Activities				
R277-509	Licensure of Student Teachers and Interns	43373	AMD	01/09/2019	2018-23/19
R277-528	Use of Public Education Job Enhancement	43509	5YR	02/08/2019	2019-5/96
	Program (PEJEP) Funds				
R277-550	Charter Schools – Definitions	43400	NEW	01/09/2019	2018-23/21
R277-551	Charter Schools - General Provisions	43393	NEW	01/09/2019	2018-23/24
R277-552	Charter School Timelines and Approval	43394	NEW	01/09/2019	2018-23/26
1(277-552	Processes	40004	INLVV	01/03/2013	2010-23/20
R277-553	Charter School Oversight, Monitoring and	43401	NEW	01/09/2019	2018-23/31
R277-555		43401	INEVV	01/09/2019	2010-23/31
D077 554	Appeals	40005	NIE\A/	04/00/0040	2040 22/24
R277-554	State Charter School Board Grants and	43395	NEW	01/09/2019	2018-23/34
D	Mentoring Program			0.1.10.0.10.0.10	0010 00100
R277-555	Corrective Action Against Charter School	43396	NEW	01/09/2019	2018-23/38
	Authorizers				
R277-600	Student Transportation Standards and	43375	AMD	01/09/2019	2018-23/38
	Procedures				
R277-910	Underage Drinking Prevention Program	43448	NEW	02/07/2019	2019-1/24
R277-912	Law Enforcement Related Incident Reporting	43439	NEW	02/07/2019	2019-1/26
R277-922	Digital Teaching and Learning Grant Program	43398	AMD	01/09/2019	2018-23/45
ENVIRONMENTAL QUA	ALITY				
Air Quality					
Air Quality R307-101-2	Definitions	43372	AMD	02/07/2019	2018-23/49
R307-101-2	Definitions Section IX Control Measures for Area and	43372	AMD	02/07/2019	2018-23/49
	Section IX, Control Measures for Area and	43372 42976	AMD AMD	02/07/2019 01/03/2019	2018-23/49 2018-13/35
R307-101-2 R307-110-17	Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits	42976	AMD	01/03/2019	2018-13/35
R307-101-2	Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Section IX, Control Measures for Area and				
R307-101-2 R307-110-17	Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits	42976	AMD	01/03/2019	2018-13/35
R307-101-2 R307-110-17 R307-110-17	Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Section IX, Control Measures for Area and	42976	AMD	01/03/2019	2018-13/35
R307-101-2 R307-110-17 R307-110-17 Drinking Water	Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits	42976 42976	AMD CPR	01/03/2019 01/03/2019	2018-13/35 2018-21/134
R307-101-2 R307-110-17 R307-110-17 <u>Drinking Water</u> R309-100-9	Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Variances	42976 42976 43378	AMD CPR AMD	01/03/2019 01/03/2019 01/15/2019	2018-13/35 2018-21/134 2018-23/57
R307-101-2 R307-110-17 R307-110-17 Drinking Water R309-100-9 R309-105-4	Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Variances General	42976 42976 43378 43379	AMD AMD AMD	01/03/2019 01/03/2019 01/15/2019 01/15/2019	2018-21/134 2018-23/57 2018-23/58
R307-101-2 R307-110-17 R307-110-17 <u>Drinking Water</u> R309-100-9 R309-105-4 R309-110-4	Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Variances General Definitions	42976 42976 43378 43379 43380	AMD AMD AMD AMD	01/03/2019 01/03/2019 01/15/2019 01/15/2019 01/15/2019	2018-21/134 2018-21/134 2018-23/57 2018-23/58 2018-23/60
R307-101-2 R307-110-17 R307-110-17 Drinking Water R309-100-9 R309-105-4	Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Variances General	42976 42976 43378 43379	AMD AMD AMD	01/03/2019 01/03/2019 01/15/2019 01/15/2019	2018-21/134 2018-23/57 2018-23/58
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R307-101-2 R307-110-17 R307-110-17 <u>Drinking Water</u> R309-100-9 R309-105-4 R309-110-4	Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Variances General Definitions Monitoring and Water Quality: Drinking Water Standards	42976 42976 43378 43379 43380 43381	AMD AMD AMD AMD	01/03/2019 01/03/2019 01/15/2019 01/15/2019 01/15/2019	2018-21/134 2018-21/134 2018-23/57 2018-23/58 2018-23/60
R307-101-2 R307-110-17 R307-110-17 Drinking Water R309-100-9 R309-105-4 R309-110-4 R309-200	Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Variances General Definitions Monitoring and Water Quality: Drinking Water Standards Disinfection Byproducts - Stage 1	42976 42976 43378 43379 43380	AMD CPR AMD AMD AMD AMD AMD	01/03/2019 01/03/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019	2018-13/35 2018-21/134 2018-23/57 2018-23/58 2018-23/60 2018-23/73
R307-101-2 R307-110-17 R307-110-17 Drinking Water R309-100-9 R309-105-4 R309-200 R309-210-8	Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Variances General Definitions Monitoring and Water Quality: Drinking Water Standards Disinfection Byproducts - Stage 1 Requirements	42976 42976 43378 43379 43380 43381 43382	AMD CPR AMD AMD AMD AMD AMD	01/03/2019 01/03/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019	2018-13/35 2018-21/134 2018-23/57 2018-23/58 2018-23/60 2018-23/73 2018-23/80
R307-101-2 R307-110-17 R307-110-17 Drinking Water R309-100-9 R309-105-4 R309-110-4 R309-200	Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Variances General Definitions Monitoring and Water Quality: Drinking Water Standards Disinfection Byproducts - Stage 1 Requirements Monitoring and Water Quality: Distribution	42976 42976 43378 43379 43380 43381	AMD CPR AMD AMD AMD AMD AMD	01/03/2019 01/03/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019	2018-13/35 2018-21/134 2018-23/57 2018-23/58 2018-23/60 2018-23/73
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R307-101-2 R307-110-17 R307-110-17 Drinking Water R309-100-9 R309-105-4 R309-210-8 R309-210-8 R309-215-10 R309-215-16 R309-225-4 Waste Management and R313-28-31 Waste Management and	Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Variances General Definitions Monitoring and Water Quality: Drinking Water Standards Disinfection Byproducts - Stage 1 Requirements Monitoring and Water Quality: Distribution System Total Coliform Requirements Residual Disinfectant Groundwater Rule General Public Notification Requirements General Requirements d Radiation Control, Radiation General and Administrative Requirements d Radiation Control, Waste Management	42976 42976 43378 43379 43380 43381 43382 43383 43384 43385 43386 43387	AMD	01/03/2019 01/03/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019	2018-13/35 2018-21/134 2018-23/57 2018-23/58 2018-23/60 2018-23/73 2018-23/80 2018-23/85 2018-23/91 2018-23/93 2018-23/99 2018-23/101 2018-21/52
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R307-101-2 R307-110-17 R307-110-17 Drinking Water R309-100-9 R309-105-4 R309-210-8 R309-211 R309-215-10 R309-215-16 R309-225-4 Waste Management and R313-28-31 Waste Management and R315-273 GOVERNOR	Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Section IX, Control Measures for Area and Point Sources, Part H, Emission Limits Variances General Definitions Monitoring and Water Quality: Drinking Water Standards Disinfection Byproducts - Stage 1 Requirements Monitoring and Water Quality: Distribution System Total Coliform Requirements Residual Disinfectant Groundwater Rule General Public Notification Requirements General Requirements d Radiation Control, Radiation General and Administrative Requirements d Radiation Control, Waste Management Standards for Universal Waste Management	42976 42976 43378 43379 43380 43381 43382 43383 43384 43385 43386 43387	AMD	01/03/2019 01/03/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019 01/15/2019	2018-13/35 2018-21/134 2018-23/57 2018-23/58 2018-23/60 2018-23/73 2018-23/80 2018-23/85 2018-23/91 2018-23/93 2018-23/99 2018-23/101 2018-21/52

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R362-4	High Cost Infrastructure Development Tax	43223	AMD	02/05/2019	2018-20/18
D000 5	Credit Act	10.110	NIENA	04/00/0040	0040 0445
R362-5	Commercial Property Assessed Clean Energy	43419	NEW	01/23/2019	2018-24/15
	(C-PACE) Administrative Rules				
HEALTH					
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Administration					
R380-70	Standards for Electronic Exchange of Clinical	43487	5YR	01/24/2019	2019-4/43
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•	evention, Environmental Services				
R392-303	Public Geothermal Pools and Bathing Places	43502	5YR	02/05/2019	2019-5/96
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R384-100	Cancer Reporting Rule	43540	5YR	02/25/2019	Not Printed
R384-200	Cancer Control Program	43539	5YR	02/25/2019	Not Printed
R384-203	Prescription Drug Database Access	43537	5YR	02/25/2019	Not Printed
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Family Health and Prep	aredness, Children with Special Health Care Nee	<u>eds</u>			
R398-10	Autism Spectrum Disorders and Intellectual	43538	5YR	02/25/2019	Not Printed
	Disability Reporting				
	aredness, Emergency Medical Services			0.4.4.4.00.4.0	
R426-1	General Definitions	43177	AMD	01/11/2019	2018-18/15
R426-2	Emergency Medical Services Provider	43178	AMD	01/11/2019	2018-18/19
	Designations for Pre-Hospital Providers, Critical Incident Stress Management and				
	Quality Assurance Reviews				
R426-9	Trauma and EMS System Facility Designations	43321	AMD	01/18/2019	2018-22/114
11120 0	Traditio and Elvic System Facility Boolghadene	10021	7B	01/10/2010	2010 22/111
Family Health and Prep	aredness, Licensing				
R432-7	Specialty Hospital - Psychiatric Hospital	43553	5YR	02/27/2019	Not Printed
	Construction				
R432-8	Specialty Hospital – Chemical	43559	5YR	02/28/2019	Not Printed
D. 400.0	Dependency/Substance Abuse Construction		-1.75	00/00/00/0	
R432-9	Specialty Hospital – Rehabilitation Construction	43560	5YR	02/28/2019	Not Printed
R432-270	Rule Assisted Living Facilities	43533	5YR	02/20/2010	Not Printed
K432-270	Assisted Living Facilities	43333	JIK	02/20/2019	Not Fillled
Health Care Financing	Coverage and Reimbursement Policy				
R414-61-2	Incorporation by Reference	43425	AMD	02/15/2019	2019-1/28
R414-520	Admission Criteria for Medically Complex	43332	NEW	01/04/2019	2018-22/111
	Children's Waiver				
R414-521	Accountable Care Organization Hospital	43352	NEW	01/04/2019	2018-22/113
	Report				

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R477-101	Administrative Law Judge Conduct Committee	43470	5YR	01/07/2019	2019-3/44
11477-101	Administrative Law Judge Conduct Committee	43470	JIIX	01/01/2019	2019-3/44
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<u>Administration</u>					
R495-882	Termination of Parental Rights	43496	5YR	02/01/2019	2019-4/43
	trative Services, Licensing	40000	ANAD	04/47/0646	0040 00/440
R501-1	General Provisions for Licensing	43330	AMD	01/17/2019	2018-22/119
R501-7	Child Placing Adoption Agencies	43356	AMD	02/12/2019	2018-23/105
R501-8 R501-21	Outdoor Youth Programs Outpatient Treatment Programs	43234 43237	AMD AMD	01/17/2019 02/12/2019	2018-21/89 2018-21/91
1.001-21	Outpatient Heatinetit Flograms	40201	VIAID	ULI 12/2018	2010-21/31
Child and Family Service	es				
R512-305	Out-of-Home Services, Transition to Adult	43358	AMD	01/09/2019	2018-23/115
	Living Services				-
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Substance Abuse and R523-5	<u>Mental Health</u> Peer Support Specialist Training and	43141	AMD	01/29/2019	2018-17/60
11020-0	Certification	45141	AIVID	01/29/2019	2010-17700
R523-5	Peer Support Specialist Training and Certification	43141	CPR	01/29/2019	2018-24/38
R523-19	Community Mental Health Crisis and Suicide Prevention Training Grant Standards	43355	NEW	01/29/2019	2018-23/118
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Administration					
R590-170	Fiduciary and Trust Account Obligations	43514	5YR	02/11/2019	2019-5/97
R590-186-5	Company License Renewal	43429	AMD	02/07/2019	2019-1/31
R590-220	Submission of Accident and Health Insurance Filings	43520	5YR	02/13/2019	2019-5/98
R590-225	Submission of Property and Casualty Rate and Form Filings	43521	5YR	02/13/2019	2019-5/98
R590-252	Use of Senior-Specific Certifications and Professional Designations	43513	5YR	02/11/2019	2019-5/99
R590-269	Individual Open Enrollment Period	43474	5YR	01/11/2019	2019-3/44
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R597-1	General Provisions	43501	5YR	02/05/2019	2019-5/100
R597-3	Judicial Performance Evaluations	43500	5YR	02/05/2019	2019-5/100
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<u>Elections</u>					
R623-1	Lieutenant Governor's Procedure for Regulation of Lobbyist Activities	43493	5YR	01/28/2019	2019-4/44
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R623-3	Utah State Plan on Election Reform	43495	5YR	01/28/2019	2019-4/45
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ABBREVIATIONS

LNR = Legislative Nonreauthorization NEW = New Rule (Proposed Rule) NSC = Nonsubstantive Rule Change AMD = Amendment (Proposed Rule) CPR = Change in Proposed Rule EMR = 120-Day (Emergency) Rule EXD = Expired Rule R&R = Repeal and Reenact (Proposed Rule) REP = Repeal (Proposed Rule) EXP = Expedited Rule EXT = Five-Year Review Extension 5YR = Five-Year Notice of Review and

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PSS program Human Services, Substance Abuse and Mental Health	43141	R523-5	AMD	01/29/2019	2018-17/60
i ioditi	43141	R523-5	CPR	01/29/2019	2018-24/38
<u>public buildings</u> Administrative Services, Facilities Construction and Management	43524	R23-3	NSC	03/01/2019	Not Printed

public education Education, Administration	43397	R277-437	AMD	01/09/2019	2018-23/6
<u>public funds</u> Money Management Council, Administration	43503 43504	R628-19 R628-20	EXT EXT	02/05/2019 02/05/2019	2019-5/103 2019-5/103
<u>public notification</u> Environmental Quality, Drinking Water	43386	R309-220-4	AMD	01/15/2019	2018-23/99
pupil accounting Education, Administration	43475	R277-419	NSC	01/15/2019	Not Printed
quality standards Environmental Quality, Drinking Water	43381	R309-200	AMD	01/15/2019	2018-23/73
real estate business Commerce, Real Estate	43407	R162-2f	AMD	01/23/2019	2018-24/8
recreation Natural Resources, Parks and Recreation Natural Resources, Wildlife Resources	43416 43432	R651-301 R657-38	AMD AMD	01/24/2019 02/07/2019	2018-24/20 2019-1/44
regulated contaminants Environmental Quality, Drinking Water	43381	R309-200	AMD	01/15/2019	2018-23/73
reporting Health, Family Health and Preparedness, Children with Special Health Care Needs	43538	R398-10	5YR	02/25/2019	Not Printed
Health, Family Health and Preparedness, Emergency Medical Services	43321	R426-9	AMD	01/18/2019	2018-22/114
reporting requirements Health, Health Care Financing, Coverage and Reimbursement Policy	43352	R414-521	NEW	01/04/2019	2018-22/113
reporting requirements and procedures Health, Disease Control and Prevention, Health Promotion	43540	R384-100	5YR	02/25/2019	Not Printed
repurposing of fireworks Public Safety, Fire Marshal	43354	R710-15	NEW	01/14/2019	2018-22/155
resources Regents (Board of), University of Utah, Museum of Natural History (Utah)	43535	R807-1	5YR	02/22/2019	Not Printed
<u>risk management</u> Administrative Services, Risk Management	43235	R37-4	AMD	01/18/2019	2018-21/2
ropeways Transportation, Operations, Traffic and Safety	43444	R920-50	AMD	02/07/2019	2019-1/63
<u>runoff</u> Lieutenant Governor, Elections	43275	R623-5	NEW	03/01/2019	2018-21/96
safety education Education, Administration	43507	R277-400	5YR	02/08/2019	2019-5/95
safety regulations Transportation, Motor Carrier	43443	R909-19	AMD	02/07/2019	2019-1/56
sanitarian Commerce, Occupational and Professional Licensing	43466	R156-20a	NSC	01/11/2019	Not Printed
satellite Education, Administration	43392	R277-482	REP	01/09/2019	2018-23/15

	43394	R277-552	NEW	01/09/2019	2018-23/26
school buses Education, Administration	43375	R277-600	AMD	01/09/2019	2018-23/38
school enrollment Education, Administration	43475	R277-419	NSC	01/15/2019	Not Printed
school transportation Education, Administration	43375	R277-600	AMD	01/09/2019	2018-23/38
securities Money Management Council, Administration	43503	R628-19	EXT	02/05/2019	2019-5/103
seizure of fireworks Public Safety, Fire Marshal	43354	R710-15	NEW	01/14/2019	2018-22/155
senior-specific insurance designations Insurance, Administration	43513	R590-252	5YR	02/11/2019	2019-5/99
SERC Public Safety, Administration	43418	R698-5	AMD	02/20/2019	2018-24/29
shooting range Regents (Board of), University of Utah, Administration	43499	R805-6	5YR	02/04/2019	2019-5/102
social services Human Services, Child and Family Services	43358	R512-305	AMD	01/09/2019	2018-23/115
standards Health, Administration	43487	R380-70	5YR	01/24/2019	2019-4/43
startup Education, Administration	43395	R277-554	NEW	01/09/2019	2018-23/34
state custody Human Services, Administration	43496	R495-882	5YR	02/01/2019	2019-4/43
state emergency response commission Public Safety, Administration	43418	R698-5	AMD	02/20/2019	2018-24/29
state employees Administrative Services, Finance	43404	R25-10	AMD	01/23/2019	2018-24/6
state plan Lieutenant Governor, Elections	43495	R623-3	5YR	01/28/2019	2019-4/45
storage of fireworks Public Safety, Fire Marshal	43354	R710-15	NEW	01/14/2019	2018-22/155
student achievements Education, Administration	43450	R277-404	AMD	02/22/2019	2019-2/6
student participation Education, Administration	43506	R277-494-4	NSC	02/20/2019	Not Printed
student teachers Education, Administration	43373	R277-509	AMD	01/09/2019	2018-23/19
substance abuse Education, Administration	43448	R277-910	NEW	02/07/2019	2019-1/24
substance abuse database Health, Disease Control and Prevention, Health Promotion	43537	R384-203	5YR	02/25/2019	Not Printed

substance use disorder Human Services, Substance Abuse and Mental Health	43141	R523-5	AMD	01/29/2019	2018-17/60
ricaiur	43141	R523-5	CPR	01/29/2019	2018-24/38
suicide prevention training grant Human Services, Substance Abuse and Mental Health	43355	R523-19	NEW	01/29/2019	2018-23/118
surface water treatment plant monitoring Environmental Quality, Drinking Water	43384 43385	R309-215-10 R309-215-16	AMD AMD	01/15/2019 01/15/2019	2018-23/91 2018-23/93
<u>surveys</u> Judicial Performance Evaluation Commission, Administration	43500	R597-3	5YR	02/05/2019	2019-5/100
tax credits Governor, Economic Development	43488	R357-7	EXT	01/24/2019	2019-4/47
taxation Tax Commission, Property Tax	43371	R884-24P-27	AMD	01/10/2019	2018-23/119
teacher preparation programs Education, Administration	43373	R277-509	AMD	01/09/2019	2018-23/19
therapists Commerce, Occupational and Professional Licensing	43543	R156-60	5YR	02/26/2019	Not Printed
timelines Education, Administration	43392 43394	R277-482 R277-552	REP NEW	01/09/2019 01/09/2019	2018-23/15 2018-23/26
total coliform Environmental Quality, Drinking Water	43383	R309-211	AMD	01/15/2019	2018-23/85
tow trucks Transportation, Motor Carrier	43443	R909-19	AMD	02/07/2019	2019-1/56
towing Transportation, Motor Carrier	43443	R909-19	AMD	02/07/2019	2019-1/56
training Education, Administration	43442 43392 43394	R277-308 R277-482 R277-552	NEW REP NEW	02/07/2019 01/09/2019 01/09/2019	2019-1/22 2018-23/15 2018-23/26
<u>tramway permits</u> Transportation, Operations, Traffic and Safety	43444	R920-50	AMD	02/07/2019	2019-1/63
<u>tramways</u> Transportation, Operations, Traffic and Safety	43444	R920-50	AMD	02/07/2019	2019-1/63
<u>Transition to Adult Living</u> Human Services, Child and Family Services	43358	R512-305	AMD	01/09/2019	2018-23/115
transparency Administrative Services, Finance	43404	R25-10	AMD	01/23/2019	2018-24/6
<u>transportation safety</u> Transportation, Operations, Traffic and Safety	43444	R920-50	AMD	02/07/2019	2019-1/63
trauma Health, Family Health and Preparedness, Emergency Medical Services	43321	R426-9	AMD	01/18/2019	2018-22/114

trauma center designation Health, Family Health and Preparedness, Emergency Medical Services	43321	R426-9	AMD	01/18/2019	2018-22/114
trust account records Commerce, Real Estate	43407	R162-2f	AMD	01/23/2019	2018-24/8
underage drinking prevention Education, Administration	43448	R277-910	NEW	02/07/2019	2019-1/24
universal waste Environmental Quality, Waste Management and Radiation Control, Waste Management	43252	R315-273	AMD	01/14/2019	2018-21/55
<u>Utah Cancer Control Program</u> Health, Disease Control and Prevention, Health Promotion	43539	R384-200	5YR	02/25/2019	Not Printed
<u>Utah Capital Investment Board</u> Governor, Economic Development	43488	R357-7	EXT	01/24/2019	2019-4/47
<u>Utah Public Financial Website</u> Administrative Services, Finance	43404	R25-10	AMD	01/23/2019	2018-24/6
<u>Utah Transparency Advisory Board</u> Administrative Services, Finance	43471	R25-11	5YR	01/07/2019	2019-3/43
voting Lieutenant Governor, Elections	43494 43275	R623-2 R623-5	5YR NEW	01/28/2019 03/01/2019	2019-4/44 2018-21/96
water quality Environmental Quality, Drinking Water	43387	R309-225-4	AMD	01/15/2019	2018-23/101
waterfowl Natural Resources, Wildlife Resources	43430	R657-9	AMD	02/07/2019	2019-1/41
watershed management Environmental Quality, Drinking Water	43379	R309-105-4	AMD	01/15/2019	2018-23/58
wildlife Natural Resources, Wildlife Resources	43431 43430 43414 43420 43432 43498	R657-5 R657-9 R657-11 R657-13 R657-38 R657-67	AMD AMD AMD AMD AMD 5YR	02/07/2019 02/07/2019 01/24/2019 01/24/2019 02/07/2019 02/04/2019	2019-1/37 2019-1/41 2018-24/25 2018-24/27 2019-1/44 2019-5/101
wildlife conservation Natural Resources, Wildlife Resources	43432	R657-38	AMD	02/07/2019	2019-1/44
wildlife law Natural Resources, Wildlife Resources	43414 43420	R657-11 R657-13	AMD AMD	01/24/2019 01/24/2019	2018-24/25 2018-24/27
X-rays Environmental Quality, Waste Management and Radiation Control, Radiation	43253	R313-28-31	AMD	01/14/2019	2018-21/52
youth Human Services, Administration, Administrative Services, Licensing	43234	R501-8	AMD	01/17/2019	2018-21/89