

# UTAH STATE BULLETIN

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

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

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: Division of Administrative Rules, PO Box 141007, Salt Lake City, Utah 84114-1007, telephone 801-538-3764, FAX 801-537-9240. Additional rulemaking information, and electronic versions of all administrative rule publications are available at: <http://www.rules.utah.gov/>

The information in this *Bulletin* is summarized in the *Utah State Digest (Digest)*. The *Digest* is available by E-mail or over the Internet. Visit <http://www.rules.utah.gov/publicat/digest.htm> for additional information.

Division of Administrative Rules, Salt Lake City 84114

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# EDITOR'S NOTES

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## **The Division of Administrative Rules Has Moved**

The Division of Administrative Rules has relocated its offices. The Division has moved its offices from 4120 State Office Building, to 5110 State Office Building. The move helps facilitate other reorganizations that have occurred within the Department of Administrative Services.

### New Physical Address

*Division of Administrative Rules  
5110 State Office Building  
Salt Lake City, UT 84114*

### Mailing Address

*Division of Administrative Rules  
PO Box 141007  
Salt Lake City, UT 84114-1007*

Main Telephone: 801-538-3764

New Fax number: 801-537-9240

**End of the Editor's Notes Section**



# **SPECIAL NOTICES**

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

### **Notice for January 2012 Medicaid Rate Changes**

Effective January 1, 2012, 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/bcrp.htm>.

**End of the Special Notices Section**





## NOTICES OF PROPOSED RULES

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A state agency may file a **PROPOSED RULE** when it determines the need for a new rule, a substantive change to an existing rule, or a repeal of an existing rule. Filings received between November 16, 2011, 12:00 a.m., and December 01, 2011, 11:59 p.m. are included in this, the December 15, 2011 issue of the *Utah State Bulletin*.

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

Following the **RULE ANALYSIS**, the text of the **PROPOSED RULE** is usually printed. New rules or additions made to existing rules are underlined (e.g., example). Deletions made to existing rules are struck out with brackets surrounding them (e.g., [~~example~~]). Rules being repealed are completely struck out. A row of dots in the text between paragraphs (. . . . .) indicates that unaffected text from within a section was removed to conserve space. Unaffected sections are not printed. If a **PROPOSED RULE** is too long to print, the Division of Administrative Rules will 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 Division of Administrative Rules.

The law requires that an agency accept public comment on **PROPOSED RULES** published in this issue of the *Utah State Bulletin* until at least January 17, 2012. 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 April 13, 2012, the agency may notify the Division of Administrative Rules that it wants to make the **PROPOSED RULE** effective. The agency sets the effective date. The date may be no fewer than 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 Division of Administrative Rules does not receive a **NOTICE OF EFFECTIVE DATE OF A CHANGE IN PROPOSED RULE**, the **PROPOSED RULE** lapses and the agency must start the process over.

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

**PROPOSED RULES** are governed by Section 63G-3-301; Rule R15-2; and Sections R15-4-3, R15-4-4, R15-4-5, R15-4-9, and R15-4-10.

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

**Commerce, Occupational and  
Professional Licensing  
R156-47b-102  
Definitions**

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 35498

FILED: 12/01/2011

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** The Division and the Massage Therapy Board determined that the term "manipulation" as indicated in Title 58, Chapter 47b, needed further clarification.

**SUMMARY OF THE RULE OR CHANGE:** The term "manipulation" is further clarified and defined in the rule. Remaining subsections have been renumbered.

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Section 58-47b-101 and Subsection 58-1-106(1)(a) and Subsection 58-1-202(1)(a)

**ANTICIPATED COST OR SAVINGS TO:**

◆ **THE STATE BUDGET:** The Division will incur minimal costs of approximately \$50 to print and distribute the rule once the proposed amendments are made effective. Any costs incurred will be absorbed in the Division's current budget. This further clarifying definition should also assist in the Division in any enforcement matters with respect to massage therapists and massage apprentices and any individuals who may be engaging in the unlicensed practice of massage therapy.

◆ **LOCAL GOVERNMENTS:** The proposed amendments only apply to licensed massage therapists and massage therapists and applicants for licensure in those classifications. As a result, the proposed amendments do not apply to local governments. However, the proposed amendment may provide potential licensees with clarification in potential employment situations and aid local jurisdictions with potential business regulation.

◆ **SMALL BUSINESSES:** The proposed amendments only apply to licensed massage therapists and massage apprentices and applicants for licensure in those classifications. A licensed massage therapist or massage apprentice may be employed by a company or practicing as an independent contractor in an office owned by a licensee or other individual which may qualify as a small business; however clarification of the practice requiring licensure would positively impact business licensure. The Division is not able to determine an exact cost or saving impact due to the varying circumstances or frequency involving potential employment.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** The proposed amendments only apply to licensed massage therapists and massage apprentices and applicants for licensure in those classifications. The proposed amendments will clarify when licensure is required to the benefit and safety of the public.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** The proposed amendments only apply to licensed massage therapists and massage apprentices and applicants for licensure in those classifications. The Division does not anticipate any increased compliance cost or impact for licensees based on the clarifying definition being proposed. However, it should be noted that unlicensed persons engaging in the practice of massage therapy may be subject to an administrative fine if found to be engaging in the unlicensed practice of massage therapy. The Division is not able to determine how many individuals may be engaging in the unlicensed practice of massage therapy.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** No fiscal impact to businesses is anticipated from this rule filing which defines the term "manipulation" and thus clarifies the standards in the massage therapy 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 Division of Administrative Rules.

**DIRECT QUESTIONS REGARDING THIS RULE TO:**

◆ Sally Stewart by phone at 801-530-6179, by FAX at 801-530-6511, or by Internet E-mail at [sstewart@utah.gov](mailto:ss Stewart@utah.gov)

**INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012**

**INTERESTED PERSONS MAY ATTEND A PUBLIC HEARING REGARDING THIS RULE:**

◆ 01/09/2012 09:00 AM, Heber Wells Bldg, 160 E 300 S, Conference Room 474, Salt Lake City, UT

**THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012**

**AUTHORIZED BY: Mark Steinagel, Director**

**R156. Commerce, Occupational and Professional Licensing.****R156-47b. Massage Therapy Practice Act Rule.****R156-47b-102. Definitions.**

In addition to the definitions in Title 58, Chapters 1 and 47b, as used in Title 58, Chapters 1 and 47b, or this rule:

(1) "Accrediting agency" means an organization, association or commission nationally recognized by the United States Department of Education as a reliable authority in assessing the quality of education or training provided by the school or institution.

(2) "Clinic" means performing the techniques and skills learned as a student under the curriculum of a registered school or an accredited school on the public, while in a supervised student setting.

(3) "Direct supervision" as used in Subsection 58-47b-302(3)(e) means that the apprentice supervisor, acting within the scope of the supervising licensee's license, is in the facility where massage is being performed and directs the work of an apprentice pursuant to this chapter under Subsection R156-1-102a(4)(a) while the apprentice is engaged in performing massage.

(4) "Distance learning" means the acquisition of knowledge and skills through information and instruction encompassing all technologies and other forms of learning at a distance, outside a school of massage meeting the standards in Section R156-47b-302 including internet, audio/visual recordings, mail or other correspondence.

(5) "FSMTB" means the Federation of State Massage Therapy Boards.

(6) "Hands on instruction" means direct experience with or application of the education or training in either a school of massage therapy or apprenticeship.

(7) "Lymphatic massage" means a method using light pressure applied by the hands to the skin in specific maneuvers to promote drainage of the lymphatic fluid from the tissue.

(8) "Manipulation", as used in Subsection 58-47b-102(6)(b), means contact with movement, involving touching the clothed or unclothed body.

(9) "Massage client services" means practicing the techniques and skills learned as an apprentice on the public in training under direct supervision.

([9]10) "NCBTMB" means the National Certification Board for Therapeutic Massage and Bodywork.

([+0]11) "Recognized school" means a school located in a state other than Utah, whose students, upon graduation, are recognized as having completed the educational requirements for licensure in that jurisdiction.

([+1]12) "Unprofessional conduct" as defined in Title 58, Chapters 1 and 47b, is further defined, in accordance with Subsection 58-1-203(1)(e) in Section R156-47b-502.

**KEY: licensing, massage therapy, massage therapist, massage apprentice**

**Date of Enactment or Last Substantive Amendment: [~~August 23, 2011~~]2012**

**Notice of Continuation: December 6, 2010**

**Authorizing, Implemented, or Interpreted Law: 58-1-106(1)(a); 58-1-202(1)(a); 58-47b-101**

## Environmental Quality, Air Quality R307-210-1 Standards of Performance for New Stationary Sources (NSPS)

### NOTICE OF PROPOSED RULE (Amendment)

DAR FILE NO.: 35496  
FILED: 12/01/2011

### RULE ANALYSIS

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** This rule incorporates the majority of 40 Code of Federal Regulations (CFR) Part 60 into the Utah Air Quality Rules. Since 03/20/2007, 40 CFR Part 60 has undergone many substantive changes that have not been incorporated into the state rules; therefore, Rule R307-210 needs to be amended to incorporate these changes published as of 07/01/2011. The federal rules already apply to the sources; incorporating them into the state rule allows the Division of Air Quality to enforce the standards. In addition to incorporating the modifications to the standards, specific subparts of Part 60 that are regulated in different rules have been excluded in Rule R307-210.

**SUMMARY OF THE RULE OR CHANGE:** Amendments in the federal New Source Performance Standards have been made in 40 CFR Part 60 since Utah last incorporated the standards by reference into Rule R307-210. The amendment incorporates the revised federal standards through 07/01/2011. The federal rules already apply to the sources; incorporating them into the state rule allows the Division of Air Quality to enforce the standards. The following amendments to 40 CFR Part 60 are what are being incorporated into Rule R307-210. On 03/20/2007, 40 CFR Part 60; Subpart Eb EPA reconsidered three aspects of the "Standards of Performance for New Stationary Sources and emissions Guidelines for Existing Sources: Large Municipal Waste Combustors" rule: operator stand-in provisions, data requirements for continuous monitors, and the status of operating parameters during the two-weeks prior to mercury and dioxin/furan testing. On 06/13/2007, EPA amended 40 CFR Part 60; Subparts D, Da, Db, and Dc. EPA amended the new source performance standards (NSPS) for electric utility steam generating units and industrial-commercial-institutional steam generating units. These amendments to the regulations add compliance alternatives for owners and operators of certain affected sources, revise certain record keeping and reporting requirements, correct technical and editorial errors, and update the grammatical style of the four subparts to be more consistent across all of the subparts. On 10/19/2007, EPA amended 40 CFR Part 60; Subpart B. EPA revised the calculation methodology for the efficiency standard in the cogeneration unit definition to exclude energy input from biomass making it more likely those units co-firing biomass

will be able to meet the efficiency standard and qualify for exemption. Because this change will only affect a small number of relatively low emitting units, it will have little effect on the projected emissions reductions and the environmental benefits of these rules. On 11/16/2007, EPA amended 40 CFR Part 60; Subparts VV, GGG, VVa, and GGGa. EPA issued final amendments to the standards of performance for equipment leaks of volatile organic compounds in the synthetic organic chemicals manufacturing industry and to the standards of performance for equipment leaks of volatile organic compounds in petroleum refineries. On 05/06/2008, EPA amended 40 CFR Part 60; Subpart A. EPA corrected the address for EPA Region VIII in General Provisions of EPA regulations. Certain EPA air pollution control regulations require submittal of notifications, reports, and other documents to the EPA regional office. On 05/22/2008 EPA amended 40 CFR Part 60; Appendix A. EPA took final action to correct errors in a final rule published 05/15/2006 that updated five continuous instrumental test methods. On 06/02/2008, EPA amended 40 CFR Part 60; subparts VV, VVa, GGG, and GGGa. EPA took direct final action on the standards of performance for equipment leaks of VOC in the Synthetic Organic Chemicals Manufacturing Industry (SOCMI) and Petroleum Refineries. On 06/24/2008, EPA amended 40 CFR Part 60; Subparts J and Ja. EPA issued final amendments to the current Standards of Performance for Petroleum Refineries. This action also promulgated separate standards of performance for new, modified, or reconstructed process units at petroleum refineries. The final standards for new process units include emissions limitations and work practice standards for fluid catalytic cracking units, fluid coking units, delayed coking units, fuel gas combustion devices, and sulfur recovery plants. On 10/08/2008, EPA amended 40 CFR Part 60; Subpart JJJ. EPA set emission standards for new nonroad spark ignition engines that will substantially reduce emissions from these engines. The exhaust emission standards started in 2010 for new marine spark ignition engines, including first-time EPA standards for stern drive and inboard engines. The exhaust emission standards start in 2011 and 2012 for different sizes of new land based, spark-ignition engines at or below 19 kilowatts (kW). These small engines are used primarily in lawn and garden applications. EPA also adopted evaporative emission standards for vessels and equipment using any of these engines. EPA also made other minor amendments to its regulations. On 12/22/2008, EPA amended 40 CFR Part 60; Subpart A. EPA added a requirement to perform monitoring once per year using the current Method 21 leak detection instrument. On 01/28/2009, EPA amended 40 CFR Part 60; Subparts D, Da, Db, and Dc. EPA amended the new source performance standards (NSPS) for electric utility steam generating units and industrial-commercial-institutional steam generating units. These amendments to the regulations are to add compliance alternatives for owners and operators of certain affected sources, eliminate the opacity standard for facilities with a particulate matter (PM) limit of 0.030 lb/million British thermal units (MMBtu) or less that choose to voluntarily install and use PM continuous emission monitors (CEMS) to demonstrate compliance with that limit, and to

correct technical and editorial errors. On 03/20/2009, EPA amended 40 CFR Part 60; Subpart KKKK. EPA took direct final action on amendments to the sulfur dioxide air emission standards for stationary combustion turbines that burn biogas (landfill gas, digester gas, etc.). On 03/25/2009, EPA amended 40 CFR Part 60; Appendix B. EPA took final action to promulgate Performance Specification (PS) 16 for predictive emissions monitoring systems (PEMS). On 04/23/2009, EPA amended 40 CFR Part 60; Appendix B. EPA corrected final action to promulgate Performance Specification (PS) 16 for predictive emissions monitoring systems (PEMS). On 04/28/2009, EPA amended 40 CFR Part 60; Subpart OOO. EPA finalized amendments to the Standards of Performance for Nonmetallic Mineral Processing Plant(s) (NMPP). These final amendments include revisions to the emission limits for NMPP affected facilities which commence construction, modification, or reconstruction on or after 04/22/2008. On 05/29/2009, EPA amended 40 CFR Part 60; Appendix A. EPA published a final rule in the Federal Register on 05/22/2008, that made technical corrections to five test methods. Inadvertent printing errors were made in the publication. Text insertions were misplaced, duplicate insertions were made, and the definition for system bias was inadvertently revised. The purpose of this action was to correct these errors. On 10/06/2009, EPA amended 40 CFR Part 60; Subparts B, Ce, and Ec. EPA amended 40 CFR Part 60, Subpart B, Ce, and Ec in response to the U.S. Court of Appeals for the District of Columbia Circuit Court's remand of the 1997 new source performance standards and emissions guidelines for hospital/medical/infectious waste incinerators. On 10/08/2009, EPA amended 40 CFR Part 60; Subpart Y. EPA promulgated amendments to the new source performance standards for coal preparation and processing plants. These final amendments include revisions to the emission limits for particulate matter and opacity standards for thermal dryers, pneumatic coal cleaning equipment, and coal handling equipment (coal processing and conveying equipment, coal storage systems, and coal transfer and loading systems) located at coal preparation and processing plants. On 09/09/2010, EPA amended 40 CFR Part 60; Subpart F. EPA finalized amendments to the New Source Performance Standards (NSPS) for Portland Cement Plants. The final amendments to the NSPS added or revised, as applicable, emission limits for PM, opacity, nitrogen oxides (NOX), and sulfur dioxide (SO<sub>2</sub>) for facilities that commence construction, modification, or reconstruction after 06/16/2008. The final rule also includes additional testing and monitoring requirements for affected sources. On 09/13/2010, EPA amended 40 CFR Part 60, Subpart A. EPA promulgated amendments to the General Provisions to allow accredited providers to supply stationary source audit samples and to require sources to obtain and use these samples from the accredited providers instead of from EPA. All requirements pertaining to the audit samples have been moved to the General Provisions and have been removed from the test methods because the current language in the test methods regarding audit samples is inconsistent from method to method. Therefore, deleting all references to audit samples

in the test methods eliminated any possible confusion and inconsistencies. Under this final rule, the requirement to use an audit sample during a compliance test will apply to all test methods for which a commercially available audit exists. On 01/18/2011, EPA amended 40 CFR Part 60; Subparts IIII and JJJ. EPA promulgated new source standards of performance for stationary spark ignition internal combustion engines. EPA also promulgated national emission standards for hazardous air pollutants for new and reconstructed stationary reciprocating internal combustion engines that either are located at area sources of hazardous air pollutant emissions or that have a site rating of less than or equal to 500 brake horsepower and are located at major sources of hazardous air pollutant emissions. On 01/18/2011, EPA amended 40 CFR Part 60; Subpart F. The EPA took direct final action on amendments to Standards of Performance (NSPS) for Portland Cement Plants. The final rules were published on 09/09/2010. This direct final action amended certain regulatory text to clarify compliance dates and clarifies that the previously issued emission limits that were changed in the 09/09/2010, action remain in effect until sources are required to comply with the revised limits. EPA also corrected two minor typographical errors in the regulatory text to the 09/09/2010 action. On 09/20/2011, EPA amended 40 CFR Part 60; Subparts D, Da, Db, and Dc. EPA took direct final action to amend the new source performance standards for electric utility steam generating units and industrial-commercial-institutional steam generating units. This action amended the testing requirements for owners/operators of steam generating units that elect to install particulate matter continuous emission monitoring systems. It also amended the opacity monitoring requirements for owners/ operators of affected facilities subject to an opacity standard that are exempt from the requirement to install a continuous opacity monitoring system. In addition, this action corrects several editorial errors identified from previous rulemakings. On 03/21/2011, EPA amended 40 CFR Part 60, Subparts LLL and MMMM. This action promulgated EPA's new source performance standards and emission guidelines for sewage sludge incineration units located at wastewater treatment facilities designed to treat domestic sewage sludge. This final rule set limits for nine pollutants under section 129 of the Clean Air Act. On 03/21/2011, EPA amended 40 CFR Part 60; Subparts B, CCC, DDD, and Apendix A. This action promulgated EPA's final response to the 2001 voluntary remand of the 12/01/2000 new source performance standards and emission guidelines for commercial and industrial solid waste incineration units and the vacatur and remand of several definitions by the District of Columbia Circuit Court of Appeals in 2007. This action also promulgated other amendments that addressed air emissions from commercial and industrial solid waste incineration units. On 04/04/2011, EPA amended 40 CFR Part 60; Subparts Ec and Ce. On 10/06/2009, EPA promulgated its response to the remand of the new source performance standards and emissions guidelines for hospital/medical/infectious waste incinerators by the U.S. Court of Appeals for the District of Columbia Circuit and satisfied the Clean Air Act section 129(a)(5) requirement to conduct a review of the standards

every five years. This action promulgated amendments to the new source performance standards and emissions guidelines, corrected drafting errors in the nitrogen oxides and sulfur dioxide emissions limits for large hospital/medical/infectious waste incinerators in the new source performance standards, which did not correspond to EPA's description of its standard-setting process, corrected cross references in the reporting and recordkeeping requirements in the new source performance standards, clarified that compliance with the emission guidelines must be expeditious if a compliance extension is granted, corrected the omission of delegation of authority provisions in the emission guidelines, corrected errors in the units' description for emissions limits in the emission guidelines and NSPS, and removed extraneous text from the hydrogen chloride emissions limit for large hospital/medical/infectious waste incinerators in the emission guidelines. On 06/28/2011, EPA amended 40 CFR Part 60; Subparts IIII and JJJJ. The EPA revised the standards of performance for new stationary compression ignition (CI) internal combustion engines under section 111(b) of the Clean Air Act. The final rule requires more stringent standards for stationary CI engines with displacement greater than or equal to 10 liters per cylinder and less than 30 liters per cylinder, consistent with recent revisions to standards for similar mobile source marine engines. In addition, the action revised the requirements for engines with displacement at or above 30 liters per cylinder to align more closely with recent standards for similar mobile source marine engines. The action also provided flexibility to owners and operators of affected engines, and corrected minor mistakes in the original standards of performance. Finally, the action made minor revisions to the standards of performance for new stationary spark ignition internal combustion engines to correct minor errors and to mirror certain revisions finalized for CI engines, which provided consistency where appropriate for the regulation of stationary internal combustion engines. The final standards reduce nitrogen oxides by an estimated 1,100 tons per year, particulate matter by an estimated 38 tons per year, and hydrocarbons by an estimated 18 tons per year in the year 2030.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 19-2-108 and Subsection 19-2-104(3) (q)

**MATERIALS INCORPORATED BY REFERENCES:**

- ◆ Updates 40 CFR 60, published by National Archives and Records Administration's Office of the Federal Register, July 1, 2011

**ANTICIPATED COST OR SAVINGS TO:**

- ◆ **THE STATE BUDGET:** There are no additional costs to the state budget because all costs to the state are offset by the fees paid by the sources under the Operating Permit Rule R307-415.
- ◆ **LOCAL GOVERNMENTS:** There is no additional cost to local governments, as the state is already enforcing these rules and the cost of enforcing the regulations is covered by

the fees paid by the affected sources for their permits under Rule R307-415.

♦ **SMALL BUSINESSES:** There are no anticipated savings or costs to small businesses as all of these rules are in effect federally and sources are already subject to any of the costs that may result.

♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** There are no anticipated savings or costs as all of these rules are in effect federally and sources are already subject to any of the associated costs.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** There are no anticipated compliance costs for affected persons as all of these rules are in effect federally and sources are already subject to any of the costs that may result.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** There are no appreciable costs for business in incorporating these federal rules into Utah's rules as the affected businesses already are subject to the federal requirement.

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

ENVIRONMENTAL QUALITY  
AIR QUALITY  
FOURTH FLOOR  
195 N 1950 W  
SALT LAKE CITY, UT 84116-3085  
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Mark Berger by phone at 801-536-4000, by FAX at 801-536-0085, or by Internet E-mail at mberger@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 03/07/2012

AUTHORIZED BY: Bryce Bird, Director

### **R307. Environmental Quality, Air Quality.**

#### **R307-210. Stationary Sources.**

##### **R307-210-1. Standards of Performance for New Stationary Sources (NSPS).**

The provisions of 40 Code of Federal Regulations (CFR) Part 60, effective on July 1, [2006]2011, except for Subparts Cb, Cc, Cd, Ce, BBBB, DDDD, and HHHH, are incorporated by reference into these rules with the exception that references in 40 CFR to "Administrator" shall mean "executive secretary" unless by federal law the authority referenced is specific to the Administrator and cannot be delegated.

**KEY: air pollution, stationary sources, new source review**

**Date of Enactment or Last Substantive Amendment:** [~~March 15, 2007~~]2012

**Notice of Continuation:** April 6, 2011

**Authorizing, and Implemented or Interpreted Law:** 19-2-104(3)(q); 19-2-108

## Examiners (Board of), Administration **R320-101** Procedures for Electronic Meetings

### **NOTICE OF PROPOSED RULE**

(New Rule)

DAR FILE NO.: 35497

FILED: 12/01/2011

### **RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** The purpose of this new rule is to allow Board members to appear telephonically or electronically.

**SUMMARY OF THE RULE OR CHANGE:** These provisions govern any meeting at which one or more members of the Board of Examiners or one or more applicants or agencies may appear telephonically or electronically pursuant to Section 54-4-207.

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Section 63G-9-205

**ANTICIPATED COST OR SAVINGS TO:**

♦ **THE STATE BUDGET:** There is no impact. The rule simply outlines procedures to be followed at meetings when one or more of the participants attends by some electronic means.

♦ **LOCAL GOVERNMENTS:** There is no impact. The rule simply outlines procedures to be followed at meetings when one or more of the participants attends by some electronic means.

♦ **SMALL BUSINESSES:** There is no impact. The rule simply outlines procedures to be followed at meetings when one or more of the participants attends by some electronic means.

♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** There is no impact. The rule simply outlines procedures to be followed at meetings when one or more of the participants attends by some electronic means.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** There is none. The rule simply outlines procedures to be followed at meetings when one or more of the participants attends by some electronic means.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: There is no fiscal impact on business. The rule simply outlines procedures to be followed at meetings when one or more of the participants attends by some electronic means.

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

EXAMINERS (BOARD OF)  
ADMINISTRATION  
ROOM E130  
UTAH STATE CAPITOL COMPLEX  
SALT LAKE CITY, UT 84114  
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Maria Fandl by phone at 801-538-1361, by FAX at 801-538-1383, or by Internet E-mail at mfandl@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012

AUTHORIZED BY: Maria Fandl, Administrative Assistant

**R320. Examiners (Board of), Administration.**

**R320-101. Procedures for Electronic Meetings.**

**R320-101-1. Procedures for Electronic Meetings.**

A. These provisions govern any meeting at which one or more members of the Board of Examiners or one or more applicants or agencies may appear telephonically or electronically pursuant to Utah Code Section 52-4-207.

B. If one or more members of the Board of Examiners or one or more applicants or agencies may participate electronically or telephonically, public notices of the meeting shall so indicate. In addition, the notice shall specify the anchor location where the members of the Board of Examiners not participating electronically or telephonically will be meeting and where interested persons and the public may attend, monitor, and participate in the open portions of the meeting.

C. Applicants or public agencies are required to personally be in attendance at any Board of Examiner's meeting. However, if there are unique and extraordinary circumstances justifying an applicant or agency appearing electronically, the Chairman of the Board of Examiners may authorize such electronic appearance. Any applicant or agency requesting such permission shall submit a written request to the Chairman setting forth the unique and extraordinary reasons for an electronic appearance at least 10 days prior to the meeting. The Chairman shall rule on the request not later than 24 hours before the meeting when notice of the meeting is posted. If the request is granted, the Chairman shall indicate to the applicant or agency how they may participate in the meeting electronically or telephonically.

D. Notice of the meeting and the agenda shall be posted at the anchor location. Written or electronic notice shall also be

provided in accordance with Section 52-4-202(3). These notices shall be provided at least 24 hours before the meetings.

E. Notice of the possibility of an electronic meeting shall be given to the members of those Board of Examiners and applicants or agencies that may be allowed to appear electronically at least 24 hours before the meeting. In addition, the notice shall describe how the members of the Board of Examiners and applicants or agencies authorized to participate electronically may participate in the meeting electronically or telephonically.

F. When notice is given of the possibility of a member of the Board of Examiners appearing electronically or telephonically, any member of the Board of Examiners may do so and shall be counted as present for purposes of a quorum and may fully participate and vote on any matter coming before the Board of Examiners. At the commencement of the meeting, or at such time as any member of the Board of Examiners initially appears electronically or telephonically, the Chair shall identify for the record all those who are appearing telephonically or electronically. Votes by members of the Board of Examiners who are not at the physical location of the meeting shall be confirmed by the Chair.

G. The anchor location shall be designated in the notice. The anchor location is the physical location from which the electronic meeting originates or from which the participants are connected. In addition, the anchor location has space and facilities so that interested persons and the public may attend, monitor, and participate in the open portions of the meeting.

**KEY: Board of Examiners, electronic meetings, open meetings, public meetings**

**Date of Enactment or Last Substantive Amendment: January 24, 2012**

**Authorizing, and Implemented of Interpreted Law: 52-4-207; 63G-9-205**

Health, Health Care Financing,  
Coverage and Reimbursement Policy  
**R414-14A**  
Hospice Care

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 35503

FILED: 12/01/2011

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this change is to implement by rule H.B. 230 (2011 General Session), which replaces outdated terms for persons with a disability with updated terms. The other purpose is to implement new provisions for the concurrent care of Medicaid recipients who are under 21 years of age.

**SUMMARY OF THE RULE OR CHANGE:** This amendment implements H.B. 230 (2011 General Session) through its proper reference to individuals to who reside in long-term care facilities. It also adds a new section to the rule to provide concurrent care for Medicaid recipients who are under 21 years of age. This amendment also makes other minor corrections to the rule text.

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

**ANTICIPATED COST OR SAVINGS TO:**

♦ **THE STATE BUDGET:** The Department anticipates a cost to the state budget with the new concurrent care provisions. Nevertheless, this cost is negligible due to the low population of Medicaid recipients who receive hospice care services and the even smaller percentage of those recipients who are under 21 years of age.

♦ **LOCAL GOVERNMENTS:** There is no impact to local governments because they do not fund or provide hospice care services for Medicaid recipients.

♦ **SMALL BUSINESSES:** The Department anticipates an increase in revenue to small businesses with the new concurrent care provisions. Nevertheless, this increase is negligible due to the low population of Medicaid recipients who receive hospice care services and the even smaller percentage of those recipients who are under 21 years of age.

♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** The Department anticipates an increase in revenue to hospice care providers with the new concurrent care provisions. Nevertheless, this increase is negligible due to the low population of Medicaid recipients who receive hospice care services and the even smaller percentage of those recipients who are under 21 years of age. Recipients under 21 years of age may see nominal savings.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** There are no compliance costs because this amendment only result s in a possible increase in revenue to a single hospice care provider, and only possible savings to a Medicaid recipient who is under 21 years of age and receives hospice care services.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** Very few Medicaid recipients will qualify for hospice care who are under age 21 years of age, thus the fiscal impact on both business and the state is expected to be very small.

**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 Division 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

**INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012**

**THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012**

**AUTHORIZED BY: David Patton, PhD, Executive Director**

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

**R414-14A. Hospice Care.**

**R414-14A-1. Introduction and Authority.**

This rule is authorized by Sections 26-1-5 and 26-18-3, and Pub L. No. 111 148 of the Affordable Care Act. It implements Medicaid hospice care services as found in 42 U.S.C. 1396d(o).

**R414-14A-2. Definitions.**

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

- (1) "Attending physician" means a physician who:
  - (a) is a doctor of medicine or osteopathy; and
  - (b) is identified by the client at the time he or she elects to receive hospice care as having the most significant role in the determination and delivery of the client's medical care.
- (2) "Cap period" means the 12-month period ending October 31 used in the application of the cap on reimbursement for inpatient hospice care as described in Subsection R414-14A-~~[22]~~[23](5).
- (3) "Employee" means an employee of the hospice provider or, if the hospice provider is a subdivision of an agency or organization, an employee of the agency or organization who is appropriately trained and assigned to the hospice unit. "Employee" includes a volunteer under the direction of the hospice provider.
- (4) "Hospice care" means care provided to terminally ill clients by a hospice provider.
- (5) "Hospice provider" means a provider that is licensed under the provisions of Rule R432-750 and is primarily engaged in providing care to terminally ill individuals.
- (6) "Physician" means a doctor of medicine or osteopathy who is licensed by the state of Utah.
- (7) "Representative" means an individual who has been authorized under state law to make health care decisions, including initiating, continuing, refusing, or terminating medical treatments for a client who ~~[is mentally unable]~~ cannot [to] make health care decisions.
- (8) "Terminally ill" means the client has a medical prognosis to live no more than six months if the illness runs its normal course.
- (9) "Adult" means a hospice client who is at least 21 years of age.



**R414-14A-3. Client Eligibility Requirements.**

(1) A client who is terminally ill may obtain hospice care pursuant to this rule.

(2) A client's certification of a terminal condition required for hospice eligibility must be based on a face-to-face assessment by a physician conducted no more than 90 days prior to the date of enrollment.

(3) A client dually enrolled in Medicare and Medicaid must elect the hospice benefit for both Medicare and Medicaid. The client must receive hospice coverage under Medicare. Election for the Medicaid hospice benefit provides the client coverage for Medicare co-insurance and coverage for room and board expenses while a resident of a Medicare-certified nursing facility, [F]intermediate [E]care [F]facility for [P]people with [Mental Retardation]an intellectual disability (ICF/[MR]ID), or freestanding hospice facility.

**R414-14A-4. Program Access Requirements.**

(1) Hospice care may be provided only by a hospice provider licensed by the Department, that is Medicare certified in accordance with 42 CFR Part 418, and that is a Medicaid provider.

(2) A hospice provider must have a valid Medicaid provider agreement in place prior to initiating hospice care for Medicaid clients. The Medicaid provider agreement is effective on the date a Medicaid provider application is received in the Department and may not be made retroactive to an earlier date, including an earlier effective date of Medicare hospice certification.

(3) At the time of a change of ownership, the previous owner's provider agreement terminates as of the effective date of the change of ownership.

(4) The Department accepts all waivers granted to hospice agencies by the Centers for Medicare and Medicaid Services as part of the Medicare certification process.

(5) Hospice agencies participating in the Medicaid program shall provide hospice care in accordance with the requirements of 42 CFR Part 418.

**R414-14A-5. Service Coverage.**

Hospice care categories eligible for Medicaid reimbursement are the following:

(1) "Routine home care day" is a day in which a client who has elected to receive hospice care is at home and is not receiving continuous home care as defined in Subsection R414-14A-5(2). For purposes of routine home care day, extended stay residents of nursing facilities are considered at home.

(2) "Continuous home care day" is a day in which a client who has elected to receive hospice care receives a minimum of eight aggregate hours of care from the hospice provider during a 24-hour day, which begins and ends at midnight. The eight aggregate hours of care must be predominately nursing care provided by either a registered nurse or licensed practical nurse. Continuous home care is only furnished during brief periods of crisis in which a patient requires continuous care that is primarily nursing care to achieve palliation or management of acute medical symptoms. Extended stay residents of nursing facilities are not eligible for continuous home care day.

(3) "Inpatient respite care day" is a day in which the client who has elected hospice care receives short-term inpatient

care when necessary to relieve family members or other persons caring for the client at home.

(4) "General inpatient care day" is a day in which a client who has elected hospice care receives general inpatient care for pain control or acute or chronic symptom management that cannot be managed in a home or other outpatient setting. General inpatient care may be provided in a hospice inpatient unit, a hospital, or a nursing facility.

(5) "Room and Board" is medication administration, performance of personal care, social activities, routine and therapeutic dietary services, meal service including direct feeding assistance, maintaining the cleanliness of the client's room, assistance with activities of daily living, durable equipment, prescribed therapies, and all other services unrelated to care associated with the terminal illness that would be covered under the Medicaid State Plan nursing facility benefit.

**R414-14A-6. Hospice Election.**

(1) A client who meets the eligibility requirement for Medicaid hospice must file an election statement with a particular hospice. If the client [~~is physically or mentally incapacitated~~]cannot cognitively make informed health care decisions or is under [~~or is under the age of~~]18 years of age, the client's legally authorized representative may file the election statement.

(2) Each hospice provider designs and prints [its]his own election statement. The election statement must include the following:

(a) identification of the particular hospice that will provide care to the client;

(b) the client's or representative's acknowledgment that he or she has been given a full understanding of the palliative rather than curative nature of hospice care, as it relates to the client's terminal illness;

(c) for adult clients, acknowledgment that the client waives certain Medicaid services as set forth in Section R414-14A-9;

(d) acknowledgment that the client or representative may revoke the election of the hospice benefit at any time in the future and therefore become eligible for Medicaid services waived at the time of hospice election as set forth in Section R414-14A-8; and

(e) the signature of the client or representative.

(3) The effective date of the election may be the first day of hospice care or a later date, but may be no earlier than the date of the election statement

(4) An election to receive hospice care remains effective through the initial election period and through the subsequent election periods without a break in care as long as the client:

(a) remains in the care of a hospice;

(b) does not revoke the election; and

(c) is not discharged from the hospice.

(5) The hospice provider must notify the Department at the time a Medicaid client selects the hospice benefit, including selecting the hospice provider under a change of designated hospice. The notification must include a copy of the hospice election statement and the physician's certification of terminal illness for hospice care. Authorization for reimbursement of hospice care begins no earlier than the date notification is received by the Department for an eligible Medicaid client, except as provided in Section R414-14A-[19]20.

(6) Subject to the conditions set forth in this rule, a client may elect to receive hospice care during one or more of the following election periods:

- (a) an initial 90-day period;
- (b) a subsequent 90-day period; or
- (c) an unlimited number of subsequent 60-day periods.

**R414-14A-7. Change in Hospice Provider.**

(1) A client or representative may change, once in each election period, the designation of the particular hospice from which hospice care will be received.

(2) The change of the designated hospice is not a revocation of the election for the period in which it is made.

(3) To change the designation of hospice provider, the client must file, with the hospice provider from which care has been received and with the newly designated hospice provider, a statement that includes the following information:

- (a) the name of the hospice provider from which the client has received care;
  - (b) the name of the hospice provider from which the client plans to receive care; and
  - (c) the date the change is to be effective.
- (4) The client must file the change on or before the effective date.

**R414-14A-8. Revocation and Re-election of Hospice Services.**

(1) A client or legal representative may voluntarily revoke the client's election of hospice care at any time during an election period.

(2) To revoke the election of hospice care, the client or representative must file a statement with the hospice provider that includes the following information:

- (a) a signed statement that the client or representative revokes the client's election for Medicaid coverage of hospice care.
- (b) the date that the revocation is to be effective, which may not be earlier than the date that the revocation is made; and
- (c) an acknowledgment signed by the patient or the patient's representative that the patient will forfeit Medicaid hospice coverage for any remaining days in that election period.

(3) Upon revocation of the election of Medicaid coverage of hospice care for a particular election period, a client:

- (a) is no longer covered under Medicaid for hospice care;
- (b) resumes Medicaid coverage for the benefits waived under Section R414-14A-[6]9 (for adult clients); and
- (c) may at any time elect to receive hospice coverage for any other hospice election periods that he or she is eligible to receive.

(4) If an election has been revoked, the client or his representative [~~if the client is mentally incapacitated,~~] may at any time file an election in accordance with this rule for any other election period that is still available to the client.

(5) Hospice providers may not encourage adult clients to temporarily revoke hospice services solely for the purpose of avoiding financial responsibility for Medicaid services that have been waived at the time of hospice election as described in Section R414-14A-9.

(6) Hospice providers must send notification to the Department within ten calendar days that a client has revoked

hospice benefits. Notification must include a copy of the revocation statement signed by the client or the client's legal representative.

**R414-14A-9. Rights Waived to Some Medicaid Services for Adult Clients.**

(1) For the duration of an election for hospice care, an adult client waives all rights to Medicaid [~~to~~]for the following services:

(a) hospice care provided by a hospice other than the hospice designated by the client, unless provided under arrangements made by the designated hospice; and

(b) any Medicaid services that are related to the treatment of the terminal condition for which hospice care was elected or a related condition or are duplicative of hospice care except for services:

- (i) provided by the designated hospice;
- (ii) provided by another hospice under arrangements made by the designated hospice; and
- (iii) provided by the client's attending physician if the services provided are not otherwise covered by the payment made for hospice care.

(2) Medicaid services for illnesses or conditions not related to the client's terminal illness are not covered through the hospice program but are covered when provided by the appropriate provider.

**R414-14A-10. Concurrent Care for Clients Under 21 Years of Age.**

(1) For the duration of the election of hospice care, clients under 21 years of age may only receive hospice care which is provided by the designated hospice, or that has been provided under arrangements made by the designated hospice.

(2) Clients under 21 years of age who elect to receive Medicaid hospice care may also receive concurrent Medicaid State Plan treatment for the terminal illness and other related conditions.

(3) For life prolonging treatment rendered to clients under 21 years of age, Medicaid shall reimburse the appropriate Medicaid enrolled medical care providers directly through the usual and customary Medicaid billing procedures. Hospice providers are not responsible to reimburse medical care providers for life prolonging treatment rendered to hospice clients who are under 21 years of age.

(4) Each pediatric hospice provider shall develop a training curriculum to ensure that the hospice's interdisciplinary team members, including volunteers, are adequately trained to provide hospice care to clients who are under 21 years of age. All staff members and volunteers who provide pediatric hospice care must receive the training before they provide hospice care services, and at least annually thereafter. The training shall include the following pediatric specific elements:

- (a) Growth and development;
- (b) Pediatric pain and symptom management;
- (c) Loss, grief and bereavement for pediatric families and the child;
- (d) Communication with family, community and interdisciplinary team;
- (e) Psycho-social and spiritual care of children;
- (f) Coordination of care with the child's community.

(5) For pediatric care, the Hospice Program shall adopt the National Hospice and Palliative Care Organization's (NHPCO) Standards for Hospice Programs.

**R414-14A-~~10~~11. Notice of Hospice Care in a Nursing Facility, ICF/~~MR~~ID, or Freestanding Inpatient Hospice Facility.**

(1) The hospice provider must notify the Department at the time a Medicaid client residing in a Medicare certified nursing facility, a Medicaid~~[-]~~-certified ICF/~~MR~~ID, or a Medicare freestanding inpatient hospice facility elects the Medicaid hospice benefit or at the time a Medicaid client who has elected the Medicaid hospice benefit is admitted to a Medicare certified nursing facility, a Medicaid certified ICF/~~MR~~ID, or a Medicare freestanding inpatient hospice facility.

(2) The notification must include a prognosis of the time the client will require skilled nursing facility services under the hospice benefit.

(3) Except as provided in Section R414-14A-20, reimbursement for room and board begins no earlier than the date the hospice provider notifies the Department that the client has elected the Medicaid hospice benefit.

**R414-14A-~~11~~12. Notice of Independent Attending Physician.**

The hospice provider must notify the Department at the time a Medicaid client designates an attending physician who is not a hospice employee.

**R414-14A-~~12~~13. Extended Hospice Care.**

(1) Clients who accumulate 12 or more months of hospice benefits are subject to an independent utilization review by a physician with expertise in end-of-life and hospice care selected by the Department.

(2) If Medicare determines that a patient is no longer eligible for Medicare reimbursement for hospice services, the patient will no longer be eligible for Medicaid reimbursement for hospice services. Providers must immediately notify Medicaid upon learning of Medicare's determination. Medicaid reimbursement for hospice services will cease the day after Medicare notifies the hospice provider that the client is no longer eligible for hospice care.

**R414-14A-~~13~~14. Provider Initiated Discharge from Hospice Care.**

(1) The hospice provider may not initiate discharge of a patient from hospice care except in the following circumstances:

(a) the patient moves out of the hospice provider's geographic service area or transfers to another hospice provider by choice;

(b) the hospice determines that the patient is no longer terminally ill; or

(c) the hospice provider determines, under a policy set by the hospice for the purpose of addressing discharge for cause, that the patient's behavior (or the behavior of other persons in the patient's home) is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the hospice to operate effectively is seriously impaired.

(2) The hospice provider must carry out the following activities before it seeks to discharge a patient for cause:

(a) advise the patient that a discharge for cause is being considered;

(b) make a diligent effort to resolve the problem that the patient's behavior or situation presents;

(c) ascertain that the discharge is not due to the patient's use of necessary hospice services; and

(d) document the problem and efforts to resolve the problem in the patient's medical record.

(3) Before discharging a patient for any reason listed in Subsection R414-14A-~~13~~14(1), the hospice provider must obtain a physician's written discharge order from the hospice provider's medical director. If a patient also has an attending physician, the hospice provider must consult the physician before discharge and the attending physician must include the review and decision in the discharge documentation.

(4) A client, upon discharge from the hospice during a particular election period, for reasons other than immediate transfer to another hospice:

(a) is no longer covered under Medicaid for hospice care;

(b) resumes Medicaid coverage of the benefits waived during the hospice coverage period; (for adult clients); and

(c) may at any time elect to receive hospice care if the client is again eligible to receive the benefit in the future.

(5) The hospice provider must have in place a discharge planning process that takes into account the prospect that a patient's condition might stabilize or otherwise change if that patient cannot continue to be certified as terminally ill. The discharge planning process must include planning for any necessary family counseling, patient education, or other services before the patient is discharged because the patient is no longer terminally ill.

**R414-14A-~~14~~15. Hospice Room and Board Service.**

If a client residing in a nursing facility, ICF/~~MR~~ID or a freestanding hospice inpatient unit elects hospice care, the hospice provider and the facility must have a written agreement under which the total care of the individual must be specified in a comprehensive service plan, the hospice provider is responsible for the professional management of the client's hospice care, and the facility agrees to provide room and board and services unrelated to the care of the terminal condition to the client. The agreement must include:

(1) identification of the services to be provided by each party and the method of care coordination to assure that all services are consistent with the hospice approach to care and are organized to achieve the outcomes defined by the hospice plan of care;

(2) a stipulation that Medicaid services may be provided only with the express authorization of the hospice;

(3) the manner in which the contracted services are coordinated, supervised and evaluated by the hospice provider;

(4) the delineation of the roles of the hospice provider and the facility in the admission process; needs assessment process, and the interdisciplinary team care conference and service planning process;

(5) requirements for documenting that services are furnished in accordance with the agreement;

(6) the qualifications of the personnel providing the services; and

(7) the billing and reimbursement process by which the nursing facility will bill the hospice provider for room and board and receive payment from the hospice provider.

(8) In cases in which nursing facility residents revoke their hospice benefits, it is the responsibility of the hospice provider to notify the nursing facility of the revocation. The notice must be in writing and the hospice provider must provide it to the nursing facility on or before the revocation date.

**R414-14A-~~15~~16. In Home Physician Services.**

In-home physician visits by the attending physician are authorized for hospice clients if the attending physician determines that direct management of the client in the home setting is necessary to achieve the goals associated with a hospice approach to care.

**R414-14A-~~16~~17. Continuous Home Care.**

When the hospice provider determines that a patient requires at least eight hours of primarily nursing care in order to manage an acute medical crisis, the hospice provider will maintain documentation to support the requirement that the services provided were reasonable and necessary and were in compliance with an established plan of care in order to meet a particular crisis situation. Continuous home care is a covered benefit only as necessary to maintain the terminally ill client at home.

**R414-14A-~~17~~18. General Inpatient Care.**

(1) General inpatient care is authorized without prior authorization for an initial ten calendar day length of stay. Prior authorization is required for any additional general inpatient care days during the same stay to verify that the client's needs meet the requirements for general inpatient care. If a hospice provider requests additional days, the subsequent requests are subject to clinical review and approval by qualified Department staff.

(2) General inpatient care days may not be used due to the breakdown of the primary care giving living arrangements or the collapse of other sources of support for the recipient.

(3) Prior authorization for additional days beyond the initial ten calendar day stay must be obtained before the hospice care is provided, except as allowed in Section R414-14A-~~19~~20.

**R414-14A-~~18~~19. Inpatient Respite Care.**

When the hospice provider determines that a patient requires a short-term inpatient respite stay in order to relieve the family members or other persons caring for the client at home, the hospice provider will maintain documentation to support the requirement that the services provided were reasonable and necessary to relieve a particular caregiver situation. Inpatient respite care may not be reimbursed for more than five consecutive days at a time. Inpatient respite care may not be reimbursed for a patient residing in a nursing facility, ICF/~~MR~~ID, or freestanding hospice inpatient unit.

**R414-14A-~~19~~20. Notification and Prior Authorization Grace Periods.**

(1) If a new patient is already Medicaid eligible upon admission to hospice care, the hospice provider must submit a prior authorization request form to the Department in order to receive reimbursement for hospice services it renders, except in the following circumstances:

(a) during weekend, holidays, and after regular Department business hours, a hospice provider may begin service to a new Medicaid hospice enrollee, including covering room and

board, or initiate a different hospice care requiring prior authorization for a grace period up to ten calendar days before notifying the Department;

(b) before the end of the ten calendar day grace period, the hospice provider must complete and submit the prior authorization request form to the Department in order to receive reimbursement for hospice services it renders[-];

(c) if the hospice provider does not submit the prior authorization request form timely, the Department will not reimburse the provider for the care that it renders before the date that the form is received.

**R414-14A-~~20~~21. Post-Payment for Services Provided While in Medicaid-Pending Status.**

(1) If a new client is not Medicaid eligible upon admission to hospice services but becomes Medicaid eligible at a later date, the Department will reimburse a hospice provider retroactively to allow the hospice eligibility date to coincide with the client's Medicaid eligibility date if:

(a) the Department determines that the client met Medicaid eligibility requirements at the time the service was provided;

(b) the hospice care met the prior authorization criteria at the time of delivery; and

(c) the hospice provider reimburses the Department for care related to the client's terminal illness delivered by other Medicaid providers during the retroactive period.

(2) The hospice provider must provide a copy of the initial care plan and any other documentation to the Department adequate to demonstrate the hospice care met prior authorization criteria at the time of delivery.

**R414-14A-~~21~~22. Hospice Care Reimbursement.**

(1) The Department shall provide payment for hospice care in accordance with the methodology set forth in the Utah Medicaid State Plan.

(2) A hospice provider may not charge a Medicaid client for a service that the client is entitled to receive under Medicaid.

(3) Medicaid reimbursement to a hospice provider for services provided during a cap period is limited to the cap amount specified in Subsection R414-14A-~~22~~23(5).

(4) Medicaid does not apply the aggregate caps used by Medicare.

(5) The Department provides payment for hospice care on the basis of the geographic location where the service is provided as described in the Medicaid State Plan.

(6) Routine home care, continuous home care, general inpatient care, inpatient respite care services, and hospice room and board, are reimbursable to the hospice provider only.

(7) Hospice general inpatient care and inpatient respite care are not reimbursed by Medicaid for services provided in a Veterans Administration hospital or military hospital.

**R414-14A-~~22~~23. Payment for Hospice Care Categories.**

(1) The Department establishes payment amounts for the following categories:

(a) Routine home care.

(b) Continuous home care.

(c) Inpatient respite care.

- (d) General inpatient care.
- (e) Room and Board service.

(2) The Department reimburses the hospice provider at the appropriate payment amount for each day for which an eligible Medicaid recipient is under the hospice's care.

(3) The Medicaid reimbursement covers the same services and amounts covered by the equivalent Medicare reimbursement rate for comparable service categories.

(4) The Department makes payment according to the following procedures:

(a) Payment is made to the hospice for each day during which the client is eligible and under the care of the hospice, regardless of the amount of services furnished on any given day.

(b) Payment is made for only one of the categories of hospice care described in Subsection R414-14A-~~22~~23(1) for any particular day.

(c) On any day in which the client is not an inpatient, the Department pays the hospice provider the routine home care rate, unless the client receives continuous home care as provided in Subsection R414-14A-5(2) for a period of at least eight hours. In that case, the Department pays a portion of the continuous home care day rate in accordance with Subsection R414-14A-2~~2~~3(4)(d).

(d) The hospice payment on a continuous care day varies depending on the number of hours of continuous services provided. The number of hours of continuous care provided during a continuous home care day is multiplied by the hourly rate to yield the continuous home care payment for that day. A minimum of eight hours of licensed nursing care must be furnished on a particular day to qualify for the continuous home care rate.

(e) Subject to the limitations described in Subsection R414-14A-~~22~~23(5), on any day on which the client is an inpatient in an approved facility for inpatient care, the appropriate inpatient rate (general or respite) is paid depending on the category of care furnished. The inpatient rate (general or respite) is paid for the date of admission and all subsequent inpatient days, except the day on which the client is discharged. For the day of discharge, the appropriate home care rate is paid unless the client dies as an inpatient. In the case where the client dies as an inpatient, the inpatient rate (general or respite) is paid for the discharge day. Payment for inpatient respite care is subject to the requirement that it may not be provided consecutively for more than five days at a time.

(5) Payment for inpatient care is limited as follows:

(a) The total payment to the hospice for inpatient care (general or respite) is subject to a limitation that total inpatient care days for Medicaid clients not exceed 20 ~~percent~~% of the total days for which these clients had elected hospice care. Clients afflicted with AIDS are excluded when calculating inpatient days. For a client who is under 21 years of age, an inpatient stay in a hospital for the purpose of receiving life prolonging treatment for the terminal illness is not counted toward the cap on reimbursement for inpatient hospice care.

(b) At the end of a cap period, the Department calculates a limitation on payment for inpatient care for each hospice to ensure that Medicaid payment is not made for days of inpatient care in excess of 20 percent of the total number of days of hospice care furnished to Medicaid clients by the hospice.

(c) If the number of days of inpatient care furnished to Medicaid clients is equal to or less than 20 ~~percent~~% of the total

days of hospice care to Medicaid clients, no adjustment is necessary.

(d) If the number of days of inpatient care furnished to Medicaid clients exceeds 20 ~~percent~~% of the total days of hospice care to Medicaid clients, the total payment for inpatient care is determined in accordance with the procedures specified in Subsection R414-14A-~~22~~23(5)(e). That amount is compared to actual payments for inpatient care, and any excess reimbursement must be refunded by the hospice.

(e) If a hospice exceeds the number of inpatient care days described in Subsection R414-14A-~~22~~23(5)(d), the total payment for inpatient care is determined as follows:

(i) Calculate the ratio of the maximum number of allowable inpatient days to the actual number of inpatient care days furnished by the hospice to Medicaid clients.

(ii) Multiply this ratio by the total reimbursement for inpatient care made by the Department.

(iii) Multiply the number of actual inpatient days in excess of the limitation by the routine home care rate.

(iv) Sum the amounts calculated in Subsection R414-14A-~~22~~23(5)(e)(ii) and (iii).

(6) The hospice provider may request an exception to the inpatient care payment limitation if the hospice provider demonstrates the volume of Medicaid enrollees during the cap period was insufficient to reasonably achieve the required 20% ratio.

#### **R414-14A-~~23~~24. Payment for Physician Services.**

(1) The following services performed by hospice physicians are included in the rates described in Sections R414-14A-~~21 and 22~~ and 23:

(a) General supervisory services of the medical director.

(b) Participation in the establishment of plans of care, supervision of care and services, periodic review and updating of plans of care, and establishment of governing policies by the physician member of the interdisciplinary group.

(2) For services not described in Subsection R414-14A-~~23~~24(1), direct care services related to the terminal illness or a related condition provided by hospice physicians are reimbursed according to the Medicaid reimbursement fee schedule for physician services. Services furnished voluntarily by physicians are not reimbursable.

(3) Services of the client's attending physician, including in-home services, are reimbursed according to the Medicaid fee schedule for State Plan physician services. Services furnished voluntarily by physicians are not reimbursable.

#### **R414-14A-~~24~~25. Hospice Payment Covers Special Modalities.**

No additional Medicaid payment will be made for chemotherapy, radiation therapy, and other special modalities of care for palliative purposes regardless of the cost of the services.

#### **R414-14A-~~25~~26. Payment for Nursing Facility, ICF/~~MR~~ID, and Freestanding Inpatient Hospice Unit Room and Board.**

(1) For clients in a nursing facility, ICF/~~MR~~ID, or a freestanding hospice inpatient unit who elect to receive hospice care from a Medicaid enrolled hospice provider, Medicaid will pay the hospice provider an additional per diem for routine home care services to cover the cost of room and board in the facility. For

nursing facilities and ICFs/[MR]ID, the room and board rate is 95 [percent] % of the amount that the Department would have paid to the nursing facility or ICF/[MR]ID provider for that client if the client had not elected to receive hospice care. For freestanding hospice inpatient facilities, the room and board rate is 95 [percent] % of the statewide average paid by Medicaid for nursing facility services.

(2) The Department shall reimburse the hospice provider for room and board. Upon receiving payment for room and board, the hospice provider shall reimburse the nursing facility. The reimbursement is payment in full for the services described in Section R414-14A-[14]15. The facility cannot bill Medicaid separately.

(3) If a hospice enrollee in a nursing facility, ICF/[MR]ID, or a freestanding hospice inpatient unit has a monetary obligation to contribute to his cost of care in the facility, the facility must collect and retain the contribution. The hospice must reimburse the facility the reduced amount received from Medicaid directly or from a Medicaid Health Plan.

**R414-14A-[26]27. Limitation on Liability for Certain Hospice Coverage Denials.**

If the hospice provider or the Department determines that a client is not terminally ill while receiving hospice care under this rule, the client is not responsible to reimburse the Department. If the Department denies reimbursement to the hospice provider, the hospice provider may not seek reimbursement from the client.

**R414-14A-[27]28. Medicaid Health Plans and Hospice.**

(1) If a Medicaid-only client is enrolled in a Medicaid health plan, the hospice selected by the client must have a contract with the health plan. The health plan is responsible to reimburse the hospice for hospice care. The Department will not directly reimburse a hospice provider for a Medicaid-only client covered by a health plan.

(2) If a Medicaid-only client enrolled in a health plan elects hospice care before being admitted to a nursing facility, ICF/[MR]ID, or a freestanding hospice inpatient unit, the health plan is responsible to reimburse the hospice provider for both the hospice care and the room and board until the client is disenrolled from the health plan by the Department. At the point the health plan determines that the enrollee will require care in the nursing facility for greater than 30 days, the health plan will notify the Department of the prognosis of extended nursing facility services. The Department will schedule disenrollment from the health plan to occur in accordance with the terms of the health plan contract for care provided in skilled nursing facilities.

(3) If a hospice enrollee is covered by Medicare for hospice care, the Medicaid health plan is responsible for the health plan's payment rate less any amount paid by Medicare and other payors. The health plan is responsible for payment even if the Medicare covered service is rendered by an out-of-plan provider or was not authorized by the health plan.

(4) The health plan is responsible for room and board expenses of a hospice enrollee receiving Medicare hospice care while the client is a resident of a Medicare-certified nursing facility,

ICF/[MR]ID, or freestanding hospice facility until the client is disenrolled from the health plan by the Department. On the 31st day, the client is disenrolled from the health plan and enrolled in the Medicaid fee-for-service hospice program. At the point the Department determines that the enrollee will require care in the nursing facility for greater than 30 days, the Department will schedule disenrollment from the health plan to occur in accordance with the terms of the health plan contract for care provided in skilled nursing facilities. The room and board expenses will be set in accordance with Section R414-14A-[25]26.

(5) The hospice provider is responsible for determining if an applicant for hospice care is covered by a Medicaid health plan prior to enrolling the client, for coordinating services and reimbursement with the health plan during the period the client is receiving the hospice benefit, and for notifying the health plan when the client disenrolls from the hospice benefit.

**R414-14A-[28]29. Marketing by Hospice Providers.**

Hospice providers may not engage in unsolicited direct marketing to prospective clients. Marketing strategies shall remain limited to mass outreach and advertisements, except when a prospective client or legal representative explicitly requests information from a particular hospice provider. Hospice providers shall refrain from offering incentives or other enticements to persuade a prospective client to choose that provider for hospice care.

**R414-14A-[29]30. Medicaid 1915c HCBS Waivers and Hospice.**

(1) For hospice enrollees covered by a Medicaid 1915c Home and Community-Based Services Waiver, hospice providers shall provide medically necessary care that is directly related to the patient's terminal illness.

(2) The waiver program may continue to provide services that are:

- (a) unrelated to the client's terminal illness and;
- (b) assessed by the waiver program as necessary to maintain safe residence in a home or community-based setting in accordance with waiver requirements.

(3) The waiver case management agency and the hospice case management agency shall meet together upon commencement of hospice services to develop a coordinated plan of care that clearly defines the roles and responsibilities of each program.

**KEY: Medicaid**

**Date of Enactment or Last Substantive Amendment:** [~~May 16, 2011~~]2012

**Notice of Continuation:** September 30, 2009

**Authorizing, and Implemented or Interpreted Law:** 26-1-4.1; 26-1-5; 26-18-3

Health, Health Care Financing,  
Coverage and Reimbursement Policy  
**R414-61-2**  
Incorporation by Reference

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 35504

FILED: 12/01/2011

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** The purpose of this amendment is to incorporate by reference changes to the Waiver for Individuals with Physical Disabilities, effective 07/01/2011.

**SUMMARY OF THE RULE OR CHANGE:** This amendment incorporates by reference changes to the Waiver for Individuals with Physical Disabilities, effective 07/01/2011, which clarify extraordinary circumstances that must exist for parents or step-parents to act as paid providers of personal assistance services and amend the number of visits between participants and administrative case managers. In addition, this change allows the Department of Health (DOH) to explain quality improvement strategies in further detail that relate to participant direction of services, participant rights, participant safeguards, and systems improvements.

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

**MATERIALS INCORPORATED BY REFERENCES:**

- ◆ Updates Waiver for Individuals with Physical Disabilities, published by Division of Medicaid and Health Financing, 07/01/2011

**ANTICIPATED COST OR SAVINGS TO:**

- ◆ **THE STATE BUDGET:** DOH does not anticipate any impact to the state budget for the first year of waiver renewal because state funds for this program are seeded by the Department of Human Services (DHS).
- ◆ **LOCAL GOVERNMENTS:** There is no impact to local governments because they do not fund or provide waiver services for Medicaid recipients.
- ◆ **SMALL BUSINESSES:** DOH does not anticipate any impact to small businesses for the first year of waiver renewal because DOH did not add or remove any services during the renewal cycle.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** DOH does not anticipate any impact to Medicaid providers and to Medicaid recipients for the first year of waiver renewal because DOH did not add or remove any services during the renewal cycle.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** DOH does not anticipate any impact to a single Medicaid provider or to a Medicaid recipient for the first year of waiver renewal because DOH did not add or remove any services during the renewal cycle.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** Medicaid does not anticipate any service changes to

participants as a result of this rule change, thus no fiscal impact to business.

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 Division 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

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

**R414. Health, Health Care Financing, Coverage and Reimbursement Policy.****R414-61. Home and Community-Based Services Waivers.****R414-61-2. Incorporation by Reference.**

The Department incorporates by reference the following home and community-based services waivers:

- (1) Waiver for Technology Dependent/Medically Fragile Individuals, effective July 1, 2008;
- (2) Waiver for Individuals Age 65 or Older, effective July 1, 2010;
- (3) Waiver for Individuals with Acquired Brain Injuries, effective July 1, 2009;
- (4) Waiver for Individuals with Physical Disabilities, effective July 1, 20[06]11;
- (5) Community Supports Waiver for Individuals with Intellectual Disabilities and Other Related Conditions, effective July 1, 2010;
- (6) New Choices Waiver, effective July 1, 2010.

These documents are available for public inspection during business hours at the Utah Department of Health, Division of Medicaid and Health Financing, located at 288 North 1460 West, Salt Lake City, UT, 84114-3102.

**KEY: Medicaid**

**Date of Enactment or Last Substantive Amendment:** [~~April 5, 2011~~]2012

**Notice of Continuation:** February 24, 2010

**Authorizing, and Implemented or Interpreted Law:** 26-18-3

Health, Center for Health Data, Health  
Care Statistics  
**R428-20**

Health Data Authority Request for  
Health Data Information

**NOTICE OF PROPOSED RULE**

(Repeal)

DAR FILE NO.: 35492

FILED: 11/30/2011

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rule is being repealed because its substantive elements, specifically data mandated for collection by the Health Data Committee, are incorporated into other Title R428 rules. Rule R428-20 can be repealed without any effect on work done by the committee or the Utah Department of Health. At its meeting on 11/08/2011, the Health Data Committee voted with unanimous consent to repeal Rule R428-20. Therefore, this rule is no longer needed.

SUMMARY OF THE RULE OR CHANGE: The rule is repealed in its entirety.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 33a

ANTICIPATED COST OR SAVINGS TO:

- ◆ THE STATE BUDGET: Staff will no longer need to monitor rule text for Rule R428-20. Repeal of this rule will result in approximate savings to the state of \$50 per year equaling about 1.5 hours staff time.
- ◆ LOCAL GOVERNMENTS: Because the substantive provisions of this rule are incorporated into other Title R428 rules, no costs or savings to local governments should result from this filing.
- ◆ SMALL BUSINESSES: Because the substantive provisions of this rule are incorporated into other Title R428 rules, no costs or savings to small businesses should result from this filing.
- ◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: Because the substantive provisions of this rule are incorporated into other Title R428 rules, no costs or savings to other persons should result from this filing.

COMPLIANCE COSTS FOR AFFECTED PERSONS: No compliance costs are expected with this repeal, which relieves affected persons from any obligations to comply with the rule.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: "Repeal of this unnecessary rule, whose necessary substantive provisions are already covered in other rules, should not have a negative fiscal impact on any business."

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 Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Keely Cofrin Allen by phone at 801-538-6551, by FAX at 801-538-9916, or by Internet E-mail at kcofrinallen@utah.gov
- ◆ Mike Martin by phone at 801-538-9205, by FAX at 801-538-9916, or by Internet E-mail at mikemartin@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

**R428. Health, Center for Health Data, Health Care Statistics.**

~~[R428-20. Health Data Authority Request for Health Data Information.~~

~~**R428-20-1. Legal Authority.**~~

~~————— This rule is promulgated under authority granted by Title 26, Chapter 33a, and in accordance with the requirements of the Health Data Plan.~~

~~**R428-20-2. Purpose.**~~

~~————— This rule establishes guidelines by which data suppliers shall be required to provide health data information to the Office for the purpose of expanding the committee's health data plan.~~

~~**R428-20-3. Definitions.**~~

~~————— This definition is specific to R428-20.~~

~~————— A. "Health data information" means a description, specification, or translation of paper forms, computer records, computer record formats, medical chart formats, or procedures for data collection, recording, storage, and processing. Health data information does not mean the patient-specific entries or recordings contained in a paper form, computer record, or medical chart.~~

~~**R428-20-4. Request for Health Data Information.**~~

~~————— The Office may request health data information from any data supplier to accomplish the committee's purpose as stated in Section 26-33a-104.~~



**~~R428-20-5. Time Limits for Response to Request for Information:~~**

~~A. The data supplier shall respond to requests for health data information within 10 working days of the date the request is made by the Office.~~

~~B. Extensions to the 10 day response period may be granted by the Office to a maximum of 30 calendar days past the initial request date.~~

**~~R428-20-6. Data Protection:~~**

~~The health data information received in compliance with this rule shall not be released in any format. The health data information is classified as strictly confidential by Section 26-33a-108. The committee shall use the health data information only in support of the committee's purpose as stated in Section 26-33a-104.~~

**KEY:** ~~health, health policy, health planning~~

**Date of Enactment or Last Substantive Amendment:** ~~1991~~

**Notice of Continuation:** ~~April 3, 2007~~

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

## Health, Family Health and Preparedness, Licensing **R432-4** General Construction

### NOTICE OF PROPOSED RULE (Amendment)

DAR FILE NO.: 35459  
FILED: 11/18/2011

#### RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: In Section R432-4-1, modifies itemized list in rule to match longstanding practice of bureau. In Section R432-4-3, relocation of definitions from Section R432-4-24 for clarification. In Section R432-4-6, coordinates with updated federal requirements. In Section R432-4-8, updates referenced standards to current editions including legislatively mandated versions of the State Construction Code under Section 58-56-4 and State Fire Code under Section 53-7-106. In Section R432-4-20, eliminates an outdated reference. The requirement is covered elsewhere in the rule. In Section R432-4-22, coordinates with updated federal requirements. In Section R432-4-23, referenced standard is two editions out of date and is out of print. Miscellaneous changes requested by interested parties. In Section R432-4-24, referenced standard is two editions out of date and is out of print. These changes have been vetted in two meetings with providers and interested parties and have been approved by the Health Facilities Committee.

SUMMARY OF THE RULE OR CHANGE: In Section R432-4-1, adds type IV Small Health Care Facilities and End Stage Renal Disease Facilities to the itemization of facilities subject to rule. In Section R432-4-3, relocates definitions within the rule. In Section R432-4-6, eliminates a requirement that is covered elsewhere. The other change is coordinating with federal requirements by changing reference from the Americans with Disabilities Act Accessibility Guidelines (ADAAG) to the new federal standard titled Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (ADA/ABA-AG). In Section R432-4-8, updates referenced building and fire codes to match editions adopted by the legislature. Updates lighting, HVAC, and generator standards to the current editions. In Section R432-4-20, eliminates the reference to the 2001 Guidelines for Design and Construction of Hospital and HealthCare Facilities for phased projects. The reference to the 2010 edition is covered elsewhere in the rule. In Section R432-4-22, changes reference from the Americans with Disabilities Act Accessibility Guidelines (ADAAG) to the new federal standard titled Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (ADA/ABA-AG). In Section R432-4-23, the rules update a referenced standard from the 2001 edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities to the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities. The change in standard establishes separate requirements for Critical Access Hospital which are significantly lower than General Hospitals. Rural Critical Access Hospitals will not require surgical capability and will limit birthing requirements. The Guidelines do increase the size of spaces required for critical care to accommodate the armamentarium of advanced modern medicine. Such changes include a 50 square foot increase in the minimum size of private ICU rooms, a 70 square foot increase per patient in semi-private ICU rooms, a 70 square foot increase in the size of level II Newborn Intensive Care Nurseries, a 90 square foot increase in the minimum size of LDRP rooms, and a 40 square foot increase in the minimum size of C-section rooms. Other changes in this section include making soap dishes optional at tubs and showers and permitting return air plenums in selected locations. The limitations on evaporative cooling that have been applied to nursing facilities now apply to a broader range of health care facilities. In Section R432-4-24, deletes selected requirements for Continuing Care Nurseries, isolation rooms in surgical recovery areas and post-partum rooms that are now incorporated into national requirements. The section also details specific sections of the Guidelines that apply to particular facility types.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 21

#### MATERIALS INCORPORATED BY REFERENCES:

- ◆ Updates Guidelines for Design and Construction of Health Care Facilities, published by ASHE (American Society of Healthcare Engineering), 2010 edition

**ANTICIPATED COST OR SAVINGS TO:**

◆ **THE STATE BUDGET:** The cost of printing and distribution of standards and training related to revisions. The purchase of an additional copy of the referenced lighting standard for the DAR library is \$60. This is expected to be completed within the usual course of business and existing budgets. The other referenced standard was purchased for evaluation in this rule update process.

◆ **LOCAL GOVERNMENTS:** The rule change has no impact on local government because these standards are enforced at the state level.

◆ **SMALL BUSINESSES:** Small business health care providers that build new buildings or remodel existing facilities and the architects and engineers that design the buildings will have the cost of purchasing new standards. The cost of the two new standards is \$228. Assuming 20 small businesses purchase copies of the new referenced standards the aggregate cost to small business is \$4,560.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Health care providers that build new buildings or remodel existing facilities and the architects and engineers that design the buildings will have the cost of purchasing new standards. The cost of the two new standards is \$228. Assuming 30 health care providers purchase copies of the updated standards the aggregate cost to business is \$6,840. Rural Critical Access Hospitals that construct new buildings will see a savings of 4,000 square feet at an average cost of \$275/SF for a total savings of \$1,100,000. General hospitals that construct new buildings to the new minimum standards will see an estimated increased construction cost of \$13,750 per private ICU bed, \$19,250 per semi-private ICU bed, \$19,250 per level II new born ICU, \$24,750 per LDRP bed, and \$11,000 per cesarean delivery room. Based on the blend of existing hospitals in Utah that is made up of 10 Rural Critical Access Hospitals, 24 Community Hospitals, and 8 Regional Hospitals with trauma and critical care capability, and the assumption that two hospitals will be constructed each year, the annual aggregate cost is \$16,760 in addition to the cost of purchasing new reference standards.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** Most health care providers build facilities larger than the required minimums and the actual cost difference is difficult to estimate. Complete new hospitals are rare. At least two hospitals have wings over 100 years old. Additions and renovations occur far more frequently than complete new hospitals. Should a rural Critical Access Hospital build a replacement facility to the new minimum standard they would save approximately 12% in construction cost. Community hospitals are expected to see an increased construction cost of 0.2%. Regional Hospitals with trauma and critical care capability are estimated to see construction cost increases of 0.4%.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** This rule has been extensively discussed with the regulated businesses and they appear to concur that updating the rule

to adopt updated federal accessibility standards and the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities is appropriate. Public comment received will be carefully evaluated for any unforeseen fiscal impact.

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

HEALTH  
FAMILY HEALTH AND PREPAREDNESS,  
LICENSING  
CANNON HEALTH BLDG  
288 N 1460 W  
SALT LAKE CITY, UT 84116-3231  
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Andrew Baxter by phone at 801-538-6140, by FAX at 801-538-6325, or by Internet E-mail at [andrewbaxter@utah.gov](mailto:andrewbaxter@utah.gov)  
◆ Joel Hoffman by phone at 801-538-6279, by FAX at 801-538-6024, or by Internet E-mail at [jhoffman@utah.gov](mailto:jhoffman@utah.gov)

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

**R432. Health, Family Health and Preparedness, Licensing.****R432-4. General Construction.****R432-4-1. Legal Authority.**

This rule is adopted pursuant to Title 26 Chapter 21 for General Hospitals; Specialty Hospitals; Ambulatory Surgical Facilities; Nursing Care Facilities; Inpatient Hospices; Birthing Centers; Abortion Clinics; End Stage Renal Disease Facilities; and Small Health Care Facilities[~~Levels I, II and III~~].

**R432-4-2. Purpose.**

The purpose of this rule is to promote the health and welfare of individuals receiving services by establishing construction standards.

**R432-4-3. General Design.**

(1) The licensee is responsible for assuring compliance with this section.

(2) When testing and certification compliance can only be verified through written documentation, the licensee must maintain documentation in the facility for Department review.

(3) Additional requirements for individual health care facility categories are included in the individual category construction rules sections of the Health Facility Licensure Rules, R432. If conflicts exist between R432-4 and individual category rules, the individual category rules govern.

(4) If conflicts exist between applicable codes, the most restrictive code applies.

(5) When other authorities having jurisdiction adopt more restrictive requirements than contained in these rules, the more restrictive requirements apply.

(6) The licensee shall ensure the building complies with the functional requirements for the applicable licensure classification and shall ensure provisions are made for all facilities and equipment necessary to meet the care and safety needs of all clients served, when construction is completed.

(7) When the terms "room" or "office" are used in this rule it describes a specific, separate, enclosed space for a service. When the term "area" is used, multiple services may be accommodated in one enclosed space.

**R432-4-4. Site Location.**

(1) The site of the licensed health care facility shall be accessible to both community and service vehicles, including fire protection apparatus.

(2) Facilities shall ensure that public utilities are available.

**R432-4-5. Site Design.**

(1) Paved roads shall be provided within the property for access to all entrances, service docks and for fire equipment access to all exterior walls.

(2) Paved walkways shall be provided for pedestrian traffic.

(3) Paved walkways shall be provided from every required exit to a dedicated public way.

(4) Hospitals with an organized emergency service shall have well marked emergency access to facilitate entry from public roads or streets serving the site. Vehicular or pedestrian traffic shall not conflict with access to the emergency service area. The emergency entrance shall be covered to ensure protection for patients during transfer from automobile or ambulance.

**R432-4-6. Parking.**

(1) Parking shall be provided in accordance with local zoning ordinances.

~~(2) If local zoning ordinances do not exist, Section 3.2.B Parking, from Guidelines for Design and Construction of Hospital and Health Care Facilities 2001 Edition shall apply and is adopted and incorporated by reference.~~

~~(3)~~(2) The requirements of the Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines, ~~(ADAAG)~~(ADA/ABA-AG) for handicapped parking access shall apply and parking spaces for the disabled shall be directly accessible to the facility without the need to go behind parked cars or cross vehicle traffic lanes.

**R432-4-7. Environmental Pollution Control.**

Public Law 91-190, National Environment Policy Act, requires the site and project be developed to minimize any adverse environmental effects on the neighborhood and community. Environmental clearances and permits shall be obtained from local jurisdictions and the Utah Department of Environmental Quality.

**R432-4-8. Standards Compliance.**

(1) The following standards are adopted ~~and incorporated~~ by reference:

(a) Illuminating Engineering Society of North America, IESNA, publication ~~[RP-29-95]RP-29-06~~, Lighting for Hospitals and Health Care Facilities, ~~[1995]2006~~ edition;

(b) The following chapters of the National Fire Protection Association Life Safety Code, NFPA 101, ~~[2000 edition]as adopted by the Legislature in the State Fire Code under Section 53-7-106:~~

(i) Chapter 18, New Health Care Occupancies;

~~(ii) [Chapter 19, Existing Health Care Occupancies];~~ Chapter 20, New Ambulatory Health Care Occupancies.

~~(c) Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (ADA/ABA-AG).~~

(2) The following codes and standards apply to health care facilities. The licensee shall obtain clearance from the authority having jurisdiction and submit documentation to the Department verifying compliance with these codes and standards as they apply to the category of health care facility being constructed:

(a) Local zoning ordinances;

(b) International Building Code, ~~[2000 edition];~~as adopted by the Legislature in the State Construction Code under Section 58-56-4;

~~[ (c) Americans with Disabilities Act Accessibility Guidelines, (ADAAG) 28 CFR 36, Appendix A, (July 1993);~~

~~(d)~~(c) International Mechanical Code, ~~[2000 edition];~~as adopted by the Legislature in the State Construction Code under Section 58-56-4;

~~(e)~~(d) International Plumbing Code, ~~[2000 edition];~~as adopted by the Legislature in the State Construction Code under Section 58-56-4;

~~(f)~~(e) International Fire Code, ~~[2000 edition];~~as adopted by the Legislature in the State Fire Code under Section 53-7-106;

~~(g)~~(f) R313. Environmental ~~[Health]Quality~~, Radiation Control~~[-1994];~~

~~(h)~~(g) R309. Environmental ~~[Health]Quality~~, Drinking Water and Sanitation~~[-1994];~~

~~(i)~~(h) R315. Environmental ~~[Health]Quality~~, Solid and Hazardous Waste~~[-1994];~~

~~(j)~~(i) NFPA 70, National Electric Code, ~~[1999 edition];~~as adopted by the Legislature in the State Construction Code under Section 58-56-4;

~~(k)~~(j) NFPA 99, Standards for Health Care Facilities, ~~[1999]2005~~ edition;

~~(l)~~(k) NFPA 110, Emergency and Standby Power Systems, ~~[1988]2010~~ edition;

~~(m)~~(l) American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), Handbook of Fundamentals, ~~[1997]2009~~ edition.

(3) The licensee shall obtain a Certificate of Occupancy from the local building official having jurisdiction.

(4) The licensee shall obtain a Certificate of Fire Clearance from the Fire Marshal having jurisdiction.

(5) The licensee must obtain clearance from the Department prior to utilization of newly constructed facilities and additions or remodels of existing facilities.

**R432-4-9. New Construction, Additions and Remodeling.**

(1) New construction, additions and remodels to existing structures, shall comply with Department rules in effect on the date the schematic drawings are submitted to the Department.

(2) If the remodeled area or addition in any building, wing, floor or service area of a building exceeds 50 percent of the total square foot area of the building, wing, floor or service area, then the entire building, wing, floor or service area shall be brought into compliance with adopted codes and rules governing new construction which are in effect on the date the schematic drawings are submitted to the Department.

(3) During remodeling and new construction, the licensee must maintain the safety level which existed prior to the start of work.

**R432-4-10. Existing Building Licensure.**

(1) Existing buildings, currently licensed, shall conform to Department construction rules in effect at the time of original facility licensure.

(2) Existing buildings which are currently licensed, or which were previously licensed, but are changing classification; or for which the licensed has lapsed, shall comply with requirements for new construction.

**R432-4-11. Building Refurbishing.**

(1) Paint, carpet, wall coverings, and other new materials installed as part of a refurbishing project shall comply with R432-4-8.

(2) The licensee shall maintain documentation of compliance with codes, rules, and standards.

**R432-4-12. Mixed Occupancies.**

(1) Health care occupancies must be separated from non-health care occupancies in accordance with requirements of the local jurisdiction and NFPA 101.

(2) If separation of occupancies is not practical, the most restrictive occupancy requirements apply to the building.

**R432-4-13. Campus and Contract Facilities.**

All housing, treatment, and diagnostic areas and facilities utilized by a patient admitted to a licensed health care facility shall be constructed in accordance with the requirements of R432-4 if:

(1) the area will be used by one or more patients who are physically or mentally incapable of taking independent life saving action in an emergency;

(2) the prescribed or administered treatment renders the patient incapable of taking independent life saving action in an emergency; or

(3) the patient is incapable of taking independent life saving action in an emergency due to physical or chemical restraints.

**R432-4-14. Plan Review.**

(1) Prior to submitting documents for plans review, the facility licensee or designee shall schedule a conference with Department representatives, the licensee's architect, and the licensee or his designee to outline the required plans review process.

(2) The licensee shall submit the following for Department review:

- (a) a functional program,
- (b) schematic drawings,
- (c) design development drawings,

(d) working drawings,

(e) specifications.

(3) The Department may initiate review when all required documents and fees are received.

(4) Working drawings and specifications for new construction, additions, or remodeling must have the seal of a Utah licensed architect affixed, in compliance with Section 58-3a-602.

(5) The licensee shall pay a plans review and construction inspection fee assessed by the Department in accordance with the fee schedule approved by the Legislature.

(6) Plans approval by the Department shall not relieve the licensee of responsibility for full compliance with R432-4.

(7) Plan approval expires 12 months after the date of the Department's approval letter, or the latest plan review response letter, if construction has not commenced.

(8) After a 12 month lapse, the licensee must resubmit plans and a new plan review fee to the Department and obtain a new letter of approval before work proceeds.

(9) The Department may issue a license or modify a license only after the Department has determined the facility complies with adopted construction rules and has obtained all clearances and certifications.

**R432-4-15. Functional Program.**

The functional program required in R432-4-14(2)(a) must include the following:

(1) the purpose and proposed license category of the facility;

(2) services offered, including a detailed description of each service;

(3) ancillary services required to support each function or program;

(4) departmental relationships;

(5) services offered under contract by outside providers and the required in-house facilities to support these services;

(6) services shared with other licensure categories or functions;

(7) a description of anticipated in-patient workloads;

(8) a description of anticipated out-patient workloads;

(9) physical and mental condition of intended patients;

(10) patient age range;

(11) ambulatory condition of intended patients, such as non-ambulatory, mobile, or ambulatory;

(12) type and use of general or local anesthetics;

(13) use of physical or chemical restraints;

(14) special requirements which could affect the building;

(15) area requirements for each service offered, stated in net square feet;

(16) seclusion treatment rooms, if provided, including staff monitoring procedures;

(17) exhaust systems, medical gases, laboratory hoods, filters on air conditioning systems, and other special mechanical requirements;

(18) special electrical requirements;

(19) x-ray facilities, nurse call systems, communication systems, and other special systems;

(20) a list of specialized equipment which could require special dedicated services or special structures.

(21) a description of how essential core services will accommodate increased demand, if a building is designed for expansion;

(22) inpatient services, treatment areas, or diagnostic facilities planned or anticipated to be housed in other buildings, the construction type of the other buildings, and provisions for protecting the patient during transport between buildings.

(23) infection control risk assessment to determine the need for the number and types of isolation rooms over and above the minimum numbers required by the Guidelines.

#### **R432-4-16. Drawings.**

Drawings must show all equipment necessary for the operation of the facility.

(1) Schematic drawings may be single line and shall contain the following information:

- (a) list of applicable building codes;
- (b) location of the building on the site and access to the building for public, emergency, and service vehicles;
- (c) site drainage;
- (d) any unusual site conditions, including easements which might affect the building or its appurtenances;
- (e) relationships of departments to each other, to support facilities, and to common facilities;
- (f) relationships of rooms and areas within departments;
- (g) number of inpatient beds;
- (h) total building area or area of additions or remodeled portions.

(2) Design development drawings, drawn to scale, shall contain the following information:

- (a) room sizes;
  - (b) type of construction, using International Building Code classifications;
  - (c) site plan, showing relationship to streets and vehicle access;
  - (d) outline specification;
  - (e) location of fire walls, corridor protection, fire hydrants, and other fire protection equipment;
  - (f) location and size of all public utilities;
  - (g) types of mechanical, electrical and auxiliary systems;
- and

(h) provisions for the installation of equipment which requires dedicated building services, special structure or which require a major function of space.

(3) Working drawings shall include all previous submitted drawings and specifications.

(a) The licensee shall provide one copy of completed working drawings and specifications to the Department.

(b) Within 30 days after receipt of the required documentation and plan review fee, the Department will provide to the licensee and the project architect a written report of modifications required to comply with construction standards.

(c) The licensee shall submit the revised plans for review and final Department approval.

#### **R432-4-17. Construction Inspections.**

(1) The Department may conduct interim inspections during construction.

(2) The licensee shall schedule with the Department a final construction inspection when the project is complete and all furnishings and equipment are in place, but prior to utilization.

#### **R432-4-18. Construction Without Plans Approval.**

(1) If construction is commenced without prior Department plans approval, the Department may issue a license and approve occupancy only after as-built drawings have been approved by the Department and the Department has conducted a construction inspection.

(2) The licensee must correct all noncompliant items and pay the full plans review fee and inspection fee in accordance with the established fee schedule prior to licensure and patient occupancy.

#### **R432-4-19. Existing Buildings Without Plans.**

(1) If plans are not available for existing buildings, or for facilities requesting an initial license or license category change, the licensee may submit to the Department the following information:

- (a) a functional program described in R432-4-15;
- (b) a report identifying modifications to the building required to bring it into compliance with construction rules for the requested licensure category.

(2) The Department shall review the material submitted and within 30 days after receipt of the required material, furnish to the licensee a letter of approval or rejection. The Department may provide, at its option, a report of modifications required to comply with construction standards.

(3) The licensee shall request and schedule a Department follow up inspection upon completion of the modifications.

(4) Prior to a final Department inspection, the licensee must pay an inspection fee in accordance with the fee schedule approved by the Legislature.

(5) The Department may issue a license when the building is in compliance with all licensing rules.

#### **R432-4-20. Construction Phasing.**

Projects involving remodeling or additions to existing buildings shall be scheduled and phased to minimize disruption to the occupants of facilities and to protect the occupants against construction traffic, dust, and dirt from the construction site. [~~Guidelines for Design and Construction of Hospital and Health Care Facilities 2001 edition Section 5 is adopted and incorporated by reference.~~]

#### **R432-4-21. Outpatient Unit Features.**

(1) If a building entrance is used to reach outpatient services, the entrance must be at grade level, clearly marked, and located to minimize the need for outpatients to traverse other program areas. The outpatient surgery discharge location must provide protection from the weather by canopies that extend from the building to permit sheltered transfer to an automobile.

(2) Lobbies of multi-occupancy buildings may be shared if the design prohibits unrelated traffic within or through units or suites of the licensed health care facility.

**R432-4-22. Standards for Accessibility.**

(1) At least one drinking fountain, toilet, and handwashing facility shall be available on each floor for persons with disabilities.

(2) Each room required to be accessible to persons utilizing wheelchairs shall comply with ~~[ADAAG]~~ADA/ABA-AG.

**R432-4-23. General Construction.**

(1) Guidelines for Design and Construction of ~~[Hospital and]~~Health Care Facilities ~~[2001]~~2010 edition, ~~[Section 7 and Appendix A (Guidelines), and Sections 9.1, 9.2, 9.3, 9.4, and 9.9 for free-standing satellites or in-house outpatient programs,]~~Part 1 and Part 6, are adopted and incorporated by reference except as modified in this section. ~~[Swing beds must meet the requirements of Sections 7 and 8 of the Guidelines.]~~Other sections of the Guidelines apply to specific facility types as identified elsewhere in this rule or in construction rules specific to individual license categories.

(2) If a modification is cited for the Guidelines, the modification supersedes conflicting requirements of the Guidelines.

(3) Yard equipment and supply storage areas shall be located so that equipment may be moved directly to the exterior without passing through building rooms or corridors.

(4) Waste Processing Systems. Facilities shall provide sanitary storage and treatment areas for the disposal of all categories of waste, including hazardous and infectious wastes using techniques acceptable to the Utah Department of Environmental Quality, and the local health department having jurisdiction.

(5) Windows, in rooms intended for 24-hour occupancy, shall open to the building exterior or to a court which is open to the sky.

(a) Windows shall be equipped with insect screens.

(b) Operation of windows shall be restricted to a maximum opening of six inches to prevent escape or suicide.

(c) Window opening shall be restricted regardless of the method of operation or the use of tools or keys.

(6) Trash chutes, laundry chutes, dumb waiters, elevator shafts, and other similar systems shall not pump contaminated air into clean areas.

(7) All public and patient toilet and bath areas must have grab bars. Grab bar sizes and configurations shall comply with ~~[ADAAG]~~ADA/ABA-AG.

(8) Each patient handwashing fixture shall have a mirror. Patient toilet and bath rooms that are required to be accessible to persons utilizing wheel chairs shall have mirrors installed in accordance with ~~[ADAAG]~~ADA/ABA-AG.

(9) ~~If s[Sh]owers [and]or tubs [shall-]contain [recessed-] soap dishes or shelves, they shall be recessed.~~

(10) Cubicle curtains and draperies shall be affixed to permanently mounted tracks or rods. Portable curtains or visual barriers are not permitted.

(11) Floors and bases of kitchens, toilet rooms, bath rooms, janitor's closets and soiled workrooms shall be homogenous and shall be coved. Other areas subject to frequent wet cleaning shall have coved bases that are ~~[sealed]~~tight fitting to the floor.

(12) Acoustical treatment for sound control shall be provided in areas where sound control is needed, including corridors in patient areas, nurse stations, dayrooms, recreation rooms, dining areas, and waiting areas.

(13) Carpet.

Carpet in institutional occupancy patient areas, except public lobbies and offices, shall be treated to meet the following microbial resistance ratings as tested in accordance with test methods of the American Association of Textiles, Chemists, and Colorists (AATCC):

(a) Rating: minimum 90% bacterial reduction, test method: AATCC 100.

(b) Rating: maximum 20% fungal growth, test method: AATCC 174-99.

(c) Rating: Exhibits no zone of inhibition, test method: AATCC 174-99.

(d) ~~Closed cell [R]~~resilient backed carpet may be used in lieu of anti-microbial carpet.

(e) Carpet and padding shall be stretched taut and be free of loose edges to prevent tripping.

(14) Signs shall be provided as follows:

(a) General and circulation direction signs in corridors;

(b) Identification on or by the side of each door; and

(c) Emergency evacuation directional signs.

(15) Elevators.

Elevators intended for patient transport shall accommodate a gurney with attendant and have minimum inside cab dimensions of 5'8" wide by 8'5" deep and a minimum clear door width of 3'8".

(16) All rooms and occupied areas in the facility shall have provisions for ventilation. Natural window ventilation may be used for ventilation of nonsensitive areas and patient rooms when weather conditions permit, but mechanical ventilation shall be provided during periods of temperature extremes.

(a) Bottoms of ventilation openings shall be located at least three inches, above the floor.

(b) Supply and return systems shall be in ducts. Common returns using corridors or attic spaces as plenums are prohibited.

~~(i) Plenum returns for HVAC systems serving only nonpatient care areas shall be permitted.~~

~~(c) Evaporative cooling where the airstream is exposed to a wet coil, a mat, or an open reservoir, are prohibited except for laundry processing areas and kitchen hoods that provide 100% exhaust air.~~

~~(17) In facilities other than general hospitals, specialty hospitals, and nursing care facilities, hot water recirculation is not required if the linear distance along the supply pipe from the water heater to the fixture does not exceed 50 feet.~~

~~[(18) Medical gas and air system outlets shall be provided as outlined in Table 7.5 of the Guidelines.~~

~~(e)~~(18) Bed pan washing devices may be deleted from inpatient toilet rooms where a soiled utility room is within the unit which includes bed pan washing capability.

(19) Building sewers shall discharge into a community sewer system. If a system is not available, the facility shall treat its sewage in accordance with local requirements and Utah Department of Environmental Quality requirements.

(20) Dishwashers~~[-disposers]~~ and other kitchen food storage and cooking appliances shall be National Sanitation Foundation, NSF, approved and shall have the NSF seal affixed.

(21) Electrical materials shall be listed as complying with standards of Underwriters Laboratories, Inc. or other equivalent nationally recognized standards.

(a) Approaches to buildings and all spaces within the buildings occupied by people, machinery, or equipment shall have fixtures for lighting in accordance with ~~[at least mid range]~~ requirements shown in Tables ~~[A]3A~~ and ~~[B]3B~~ of ~~[the Guidelines in ]~~Recommended Practice 29-9506, Lighting for Hospitals and Health Care Facilities, by the Illuminating Engineering Society of North America.

(b) Parking lots shall have fixtures for lighting to provide light levels as recommended in IESNA Lighting for Parking Facilities (RP-20-1998).

(c) Receptacles and receptacle cover plates on the electrical emergency system shall be red.

(d) The activating device for nurse call stations shall be of a contrasting color to the adjacent floor and wall surfaces to make it easily visible in an emergency.

(e) Fuel storage capacity of the emergency generator shall permit continuous operation of the facility for 48 hours.

(f) Building electrical services connected to the emergency electrical source must comply with the specific rules for each licensure category.

#### **R432-4-24. General Construction, Patient Service Facilities.**

~~The Guidelines for Design and Construction of [Hospital and] Health Care Facilities [2001]2010 edition, [Section 7 and Appendix A ](Guidelines), are incorporated and adopted by reference and shall be met except as modified in this section. Where a modification is cited, the modification supersedes conflicting requirements of the Guidelines.~~

~~(1) General Hospitals shall comply with Guidelines sections 2.1 and 2.2.~~

~~(a) The following paragraphs of the appendix of the Guidelines are also adopted by reference as requirements.~~

~~(i) A2.2-2.2.6.1 Nurse station locations shall permit visual observation of traffic into the unit.~~

~~(ii) A2.2-3.1.3.6(4) Emergency Department pediatric rooms must provide soundproofing with a STC rating for walls and ceiling assemblies of not less than 50.~~

~~(iii) A2.2-3.1.3.6(9) Exterior portable decontamination units in accordance with this paragraph shall be acceptable to meet the requirement for emergency department decontamination and may be provided in lieu of decontamination rooms within the building. Portable units shall have the capability for heating shower water and for heating ventilation air.~~

~~(iv) A2.2-3.1.8 A patient hygiene shower with direct access to a sink and toilet shall be provided in the emergency department.~~

~~(v) A2.2-3.1.8.1 A bereavement room in the emergency department shall be provided.~~

~~(vi) A2.2-3.3.3.3 Separate pediatric and adult post anesthesia care rooms shall be provided.~~

~~(vii) A2.2-3.12 Hyperbaric Suites shall meet the requirements of this section.~~

~~(2) Critical Access Hospitals shall comply with Guidelines sections 2.1 and 2.3.~~

~~(3) Freestanding satellites and in-house outpatient programs shall comply with Guidelines sections 3.1, 3.2, 3.3, 3.7 and 3.9.~~

~~(4) Abortion Clinics shall comply with Guidelines sections 3.1 and 3.2.~~

~~(5) Acute care hospital beds that swing to nursing home care and payment shall also comply with R432-5.~~

~~(+)(6) Hospitals must have at least one nursing unit of at least six beds containing patient rooms, patient care spaces, and service areas.~~

~~(a) When more than one nursing unit shares spaces and service areas, as permitted in this rule, the service areas shall be contiguous to each nursing unit served.~~

~~(b) Identifiable spaces shall be provided for each of the required services.~~

~~(i) When used in this rule, "room or office" describes a specific, separate, enclosed space for the service.~~

~~(ii) When "room or office" is not used, multiple services may be accommodated in one enclosed space.~~

~~(c) Facility services shall be accessible from common areas without compromising patient privacy.~~

~~(2)(7) Patient room area is identified in each individual construction rule for the licensure category rule.~~

~~(a) The closets in each patient room shall be a minimum of 22 inches deep by at least 22 inches wide and high enough to hang full length garments and to accommodate two storage shelves.~~

~~(b) Pediatric units must have at least one tub room with a bathtub, toilet and sink convenient to the unit. The tub room may be omitted if all patient rooms contain a tub in the toilet room.~~

~~(3) A "Continuing Care Nursery" must have one oxygen, one medical air and one vacuum per bassinets.~~

~~(4) Appendix A7.2.A1 of the Guidelines, single patient room occupancy, applies to new construction only.~~

~~(5) Provisions for an isolation room for infectious patients in Phase II recovery, as discussed in 7.7.C14 of the Guidelines, is deleted.~~

~~(6) Postpartum rooms, in new construction, shall be single patient rooms.~~

~~(7) (8) The facility must provide linen services as follows:~~

~~(a) Processing laundry may be done within the facility, in a separate building on or off site, or in a commercial or shared laundry.~~

~~(b) If laundry is processed by an outside commercial laundry, the following shall be provided:~~

~~(i) a separate room for receiving and holding soiled linen until ready for transport;~~

~~(ii) a central, clean linen storage and issuing room(s) to accommodate linen storage for four days operation or two normal deliveries, whichever is greater; and~~

~~(iii) handwashing facilities in each area where unbagged, soiled linen is handled.~~

~~(c) If the facility processes [it's]its own laundry, within the facility or in a separate building, the following shall be provided:~~

~~(i) a receiving, holding, and sorting room for control and distribution of soiled linen;~~

~~(ii) a washing room with handwashing facilities and commercial equipment that can process a seven day accumulation of laundry within a regularly scheduled work week;~~

~~(iii) a drying room with dryers adequate for the quantity and type of laundry being processed; and~~

(iv) a clean linen storage room with space and shelving adequate to store one half of all linens and personal clothing being processed.

(d) Soiled linen chutes shall discharge directly into the receiving room or in a room separated from the washing room, drying room and clean linen storage.

(e) Prewash facilities may be provided in the receiving, holding and sorting rooms.

(f) If laundry is processed by the facility, either a two or three room configuration may be used as follows:

(i) A two room configuration shall consist of the following:

(A) a room housing soiled linen receiving, sorting, holding, and prewash facilities; washers; and handwashing facilities; and

(B) a room housing dryers; clean linen folding, sorting, and storage facilities; and handwashing facilities.

(ii) A three room configuration shall consist of:

(A) a soiled linen receiving, sorting, holding room with prewash and handwashing facilities;

(B) a combination washer and dryer room arranged so linen flows from the soiled receiving area to the washers, to the dryers, and then to clean storage; and

(C) a clean storage room with folding, sorting, storage and handwashing facilities.

(iii) Physical separation shall be maintained between rooms by means of self closing doors.

(iv) Air movements shall be from the clean area to the soiled area. Air from the soiled area shall be exhausted directly to the outside.

(g) Handwashing sinks shall be provided and located within the laundry areas to maintain the functional separation of the clean and soiled processes.

(h) Rooms shall be arranged to prevent the transport of soiled laundry through clean areas and the transport of clean laundry through soiled areas.

(i) Convenient access to employee lockers and lounges shall be provided.

(j) Storage for laundry supplies shall be provided.

(k) A cart storage area for separate parking of clean and soiled linen carts shall be provided out of normal traffic paths.

**R432-4-25. Excluded Sections and Paragraphs of the Guidelines.**

The following sections and paragraphs of the Guidelines do not apply:

(1) [The]Section 2.2-5.2 Linen Services[ section 7.23 of the Guidelines does not apply].

(2) Section 1.2-5 Patient Handling and Movement Assessment.

(3) Section 1.2-6.2 Sustainable Design.

(4) Paragraph 2.2-2.16.2.5(2) special structural requirements for sinks in bariatric rooms.

(5) Paragraph 3.1-6.1.1 Vehicular Drop-Off and Pedestrian Entrance.

(6) Paragraph 3.1-7.2.2.3(1)(b) The requirement for 3'-8" wide doors shall apply only to doors along gurney travel routes, not to wheelchair accessible routes.

(7) Paragraph 3.1-8.2.6.1 (2) requiring on site boiler fuel supply at outpatient facilities for emergency use.

**R432-4-26. Penalties.**

The Department may assess a civil money penalty of up to \$10,000 and deny approval for patient utilization of new or remodeled areas if a health care provider does not submit architectural drawings to the Bureau of Licensing. The Department may assess a civil money penalty of up to \$10,000 if the licensee fails to follow Department-approved architectural plans. The Department may assess a civil money penalty of up to \$1,000 per day for each day a new or renovated area is occupied prior to licensing agency approval.

**KEY: health care facilities**

**Date of Enactment or Last Substantive Amendment:** ~~February 4, 2010~~ 2012

**Notice of Continuation:** December 24, 2008

**Authorizing, and Implemented or Interpreted Law:** 26-21-5; 26-21-16

**Health, Family Health and  
Preparedness, Licensing  
R432-5  
Nursing Facility Construction**

**NOTICE OF PROPOSED RULE  
(Amendment)**

DAR FILE NO.: 35460

FILED: 11/18/2011

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** In Section R432-5-4, deletes a requirement that is moved to Section R432-5-7. In Section R432-5-5, coordinates with renumbering of another rule. Coordinate with updated federal requirements. In Section R432-5-6, referenced standard is two editions out of date and is out of print. In Section R432-5-7, clarifications and minor modifications to reflect current practices. In Section R432-5-12, coordinated with updated federal requirements, eliminates duplicate requirements, and miscellaneous changes requested by interested parties. In Section R432-5-14, eliminates requirements that are covered elsewhere. In Section R432-5-16, coordinates with reformatted edition of an updated referenced standard. These changes have been vetted in two meetings with providers and interested parties and have been approved by the Health Facilities Committee.

**SUMMARY OF THE RULE OR CHANGE:** In Section R432-5-4, this is a nonsubstantive change. It is relocation of a requirement within the rule to Section R432-5-7. In Section R432-5-5, coordinates with federal requirements by changing reference from the Americans with Disabilities Act



Accessibility Guidelines (ADAAG) to the new federal standard titled Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (ADA/ABA-AG). In Section R432-5-6, updates the adopted reference from the 2001 Guidelines for Design and Construction of Hospital and HealthCare Facilities to the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities. In Section R432-5-7, clarifies and makes revisions to requirements for windows, showers, door locks, and ventilation rates. In Section R432-5-12, changes reference from the Americans with Disabilities Act Accessibility Guidelines (ADAAG) to the new federal standard titled Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (ADA/ABA-AG). Adds requirements for handrail graspability and contrasting color. Removes acoustical requirements that are now covered in the adopted referenced standard. In Section R432-5-14, removes mechanical requirements that are covered elsewhere or no longer needed. In Section R432-5-16, coordinates with reformatted numbers in the new edition of the referenced standard.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 21

**MATERIALS INCORPORATED BY REFERENCES:**

- ◆ Updates Guidelines for Design and Construction of Health Care Facilities, published by ASHE (American Society of Healthcare Engineering), 2010 edition

**ANTICIPATED COST OR SAVINGS TO:**

- ◆ **THE STATE BUDGET:** The cost of purchasing the new referenced standard and the cost of printing and distribution of the revised rule is covered in Rule R432-4, General Construction, which is being amended concurrent with this rule. State expenses are expected to be completed within the usual course of business and existing budgets. The cost of the referenced standards is \$168. (DAR NOTE: The proposed amendment to Rule R432-4 is under DAR No. 35459 in this issue, December 15, 2011, of the Bulletin.)
- ◆ **LOCAL GOVERNMENTS:** The rule change has no impact on local government because these standards are enforced at the state level.
- ◆ **SMALL BUSINESSES:** Small business nursing care providers that build new buildings or remodel existing facilities and the architects and engineers that design the buildings will have the cost of purchasing the new standards. The cost of the new standards is \$168. Assuming 5 small businesses purchase copies of the updated standards the aggregate cost to small business is \$840.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Nursing care providers that build new buildings or remodel existing facilities will have the cost of purchasing the new referenced standards. The cost of the new referenced standards is \$168. Assuming 5 nursing care providers purchase copies of the updated standards the aggregate cost to business is \$840.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** The cost to nursing facilities constructing or remodeling buildings and architects and engineers designing them for the purchase of the new referenced standards is \$168. The rule change will not increase compliance costs for providers.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** This rule has been extensively discussed with the regulated businesses and they appear to concur that updating the rule to adopt updated federal accessibility standards and the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities is appropriate. Public comment received will be carefully evaluated for any unforeseen fiscal impact.

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

HEALTH  
FAMILY HEALTH AND PREPAREDNESS,  
LICENSING  
CANNON HEALTH BLDG  
288 N 1460 W  
SALT LAKE CITY, UT 84116-3231  
or at the Division of Administrative Rules.

**DIRECT QUESTIONS REGARDING THIS RULE TO:**

- ◆ Andrew Baxter by phone at 801-538-6140, by FAX at 801-538-6325, or by Internet E-mail at [andrewbaxter@utah.gov](mailto:andrewbaxter@utah.gov)
- ◆ Joel Hoffman by phone at 801-538-6279, by FAX at 801-538-6024, or by Internet E-mail at [jhoffman@utah.gov](mailto:jhoffman@utah.gov)

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

**R432. Health, Family Health and Preparedness, Licensing.**

**R432-5. Nursing Facility Construction.**

**R432-5-1. Legal Authority.**

This rule is promulgated pursuant to Title 26, Chapter 21.

**R432-5-2. Purpose.**

The purpose of this rule is to promote the health and welfare through the establishment and enforcement of construction standards. The intent is to provide residential like environments and encourage social interaction of residents.

**R432-5-3. Definitions.**

(1) "Special Care Unit" means a physical area within a licensed facility designated for the housing and treatment of residents diagnosed with a specifically defined disease or medical condition.

(2) "Room or Office" when used in this rule describes a specific, separate, enclosed space for the service. When room or office is not used, multiple services may be accommodated in one enclosed space.

#### **R432-5-4. Description of Service.**

(1) A nursing unit shall consist of resident rooms, resident care spaces, and services spaces.

(2) Each nursing unit shall contain at least four resident beds.

(3) Rooms and spaces composing a nursing unit shall be contiguous.

(4) A nursing care facility operated in conjunction with a general hospital or other licensed health care facility shall comply with all provisions of this section. Dietary, storage, pharmacy, maintenance, laundry, housekeeping, medical records, and laboratory functions may be shared by two or more facilities.

(5) Special care units shall comply with all provisions of R432-5.

~~[(6) Windows, in rooms intended for 24-hour occupancy, shall be operable.]~~

#### **R432-5-5. General Design Requirements.**

R432-4-1 through R432-4-23, and ~~R432-4-24(3)~~(8) apply with the following modifications.

(1) Fixtures in all public and resident toilet and bathrooms shall comply with Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines, ~~[(ADAAG)-28 CFR 36, Appendix A, (July 1993)](ADA/ABA-AG)~~. These rooms shall be wheelchair accessible with wheelchair turning space within the room.

(2) Lavatories, counters, and door clearances within resident rooms shall be wheelchair accessible.

#### **R432-5-6. General Construction Requirements.**

(1) Nursing facilities shall be constructed in accordance with the Guidelines for Design and Construction of ~~[Hospital and]~~ Health Care Facilities (Guidelines), ~~[Section 8 and Appendix A, 2001]Sections 4.1 and 4.2, 2010~~ edition which is adopted and incorporated by reference.

(2) Where a modification is cited, the modification supersedes conflicting requirements of the Guidelines.

#### **R432-5-7. Nursing Unit.**

(1) When more than one nursing unit shares spaces and service areas, as permitted in this rule, the shared spaces and service areas shall be contiguous to each nursing unit served.

(2) Facility service areas shall be accessible from common areas without compromising resident privacy.

(3) Each nursing unit shall have a maximum number of 60 beds.

(4) At least two single-bed rooms, each with private toilet room containing a toilet, lavatory, and bathing facility shall be provided for each nursing unit.

(a) In addition to the lavatory in the toilet room, in new construction and remodeling, a lavatory or handwashing sink shall be provided in the resident room.

(b) Ventilation shall be ~~[in accordance with Table 6]~~continuous with not less than two outside air changes per hour with all air exhausted to the outside.

(5) Each resident sleeping room shall have a window in accordance with R432-4-23(5). Windows in resident rooms intended for sleeping shall be operable.

(6) Each resident closet shall be a minimum of 22 inches deep by 36 inches wide with a shelf to store clothing and a clothes rod positioned to accommodate full length garments.

(7) A nurse call system is not required in facilities which care for persons with mental retardation or developmental disabilities. With prior approval of the Department, a nursing facility may modify the system to alleviate hazards to residents.

(8) Handwashing facilities shall be located near the nursing station and the drug distribution station.

(9) A staff toilet room may also serve as a public toilet room if it is located in the nursing unit.

(10) A clean workroom or clean holding room with a minimum area of 80 square feet shall provide for preparing resident care items.

(a) The clean work room shall contain a counter, handwashing facilities and storage facilities.

(b) The work counter and handwashing facilities may be omitted in rooms used only for storage and holding, as part of a larger system for distribution of clean and sterile supply materials.

(11) If a medical cart is used it shall be under visual control of staff.

(a) Double locked storage shall be provided for controlled drugs.

(b) Provisions shall be made for receiving, assembling, and storage of drugs and other pharmacy products.

(12) If a closed cart is used for clean linen storage, it shall be stored in a room with a self closing door. Storage in an alcove in a corridor is prohibited.

(13) Ice intended for human consumption shall be dispensed by self dispensing ice makers. Bin type storage units are prohibited.

~~[(14) Gurney showers for residents may be provided at the option of the facility.]~~

~~[(a)](14)~~ One bathtub and shower shall be provided on each nursing floor in addition to bath fixtures in resident toilet rooms.

~~[(b)](a)~~ At least one shower on each floor shall be at least four feet square without curbs designed for use by a resident using a wheelchair. A gurney shower may be provided at the option of the facility and shall satisfy this requirement.

~~[(a)](b)~~ Each resident bathtub and shower shall be in a separate room or enclosure large enough to ensure privacy and to allow staff to assist with bathing, drying, and dressing.

(15) At least one toilet room shall be provided on each floor containing a nursing unit to be used for resident toilet training.

(a) The room shall contain a toilet and lavatory with wheelchair turning space within the room.

~~[(b)](16)~~ A toilet room with direct access from the bathing area shall be provided at each central bathing area if a toilet is not otherwise provided in the bathing area. The toilet training facility may serve this function if there is direct access from the bathing area.

~~[(e)](17)~~ Doors to toilet rooms shall ~~have a minimum width of 34 inches to admit a wheelchair. The doors shall be equipped with hospital privacy locks or other hardware that protects resident privacy and permits access from the outside without the use of keys or tools in case of an emergency.~~

~~[(d)](18)~~ A handwashing fixture shall be provided in each toilet room.

~~[(16)](19)~~ An equipment storage room with a minimum area of 120 square feet for portable equipment shall be provided.

**R432-5-8. Resident Support Areas.**

(1) Occupational therapy service areas may be counted in the calculation of support space.

(2) Physical Therapy, personal care room, and public waiting lobbies shall not be included in the calculation of support space.

(3) There shall be resident living areas equipped with tables, reading lamps, and comfortable chairs designed to be usable by all residents.

(4) There shall be a general purpose room with a minimum area of 100 square feet equipped with a table and comfortable chairs.

(5) A minimum area of ten square feet per bed shall be provided for outdoor recreation. This space shall be provided in addition to the setbacks on street frontages required by local zoning ordinances.

(6) Examination and Treatment rooms.

(a) An examination and treatment room shall be provided except when all resident rooms are single bed rooms.

(b) An examination and treatment room may be shared by multiple nursing units.

(c) When provided, the room shall have a minimum floor area of 100 square feet, excluding space for vestibules, toilet, closets, and work counters, whether fixed or moveable.

(d) The room shall contain a lavatory equipped for handwashing, work counter, storage facilities, and a desk, counter, or shelf space for writing.

(7) In addition to facility general storage areas, at least five square feet per bed shall be provided for resident storage.

**R432-5-9. Rehabilitation Therapy.**

(1) A separate storage room for clean and soiled linen shall be provided contiguous to the rehabilitation therapy area.

(2) Storage for rehabilitation therapy supplies and equipment shall be provided.

**R432-5-10. General Services.**

(1) Linen services shall comply with R432-4-24~~[(3)]~~(8).

(2) There shall be one housekeeping room for each nursing unit.

(3) Yard equipment and supply storage areas shall be located so that equipment may be moved directly to the exterior without passing through building rooms or corridors.

**R432-5-11. Waste Storage and Disposal.**

Facilities and equipment shall be provided for the sanitary storage and treatment or disposal of all categories of waste, including hazardous and infectious wastes if applicable, using

techniques defined by the Utah Department of Environmental Quality, and the local health department having jurisdiction.

**R432-5-12. Details and Finishes.**

(1) Grab bars shall be installed in all toilet rooms in accordance with the ~~ADAAG~~ADA/ABA-AG.

(2) Corridor and hallway handrails shall comply with ~~ADAAG~~ADA/ABA-AG. The top of the rail shall be 34 inches above the floor, except for areas serving children and other special care areas. Corridor handrails shall have a graspable profile with finger wrap recesses not less than 5/8" deep. Handrails shall have color that contrasts to the wall.

(3) Cubicle curtains and draperies shall be affixed to permanently mounted tracks or rods. Portable curtains or visual barriers are not permitted.

(4) Signs shall be provided as follows:

(a) general and circulation direction signs in corridors;

(b) identification at each door; and

(c) emergency directional signs;

(d) all signs in corridors shall comply with ~~ADAAG~~ADA/ABA-AG.

~~[(5)]~~ Partitions, floor and ceiling construction in resident areas shall comply with the noise reduction criteria of Table 1 for sound control.

TABLE 1

Sound Transmission Limitations  
in Long-Term Care Facilities

Airborne Sound Transmissions  
Transmissions Class (STC) (a)

Class (IIC) (b)	Partitions	Floors
(Residents') room to resident's room	35	40
Public space to (residents) room (b)	40	40
Service areas to (residents') room (c)	45	45

~~—(a) Sound transmissions (STC) shall be determined by tests in accordance with Standard E90 and ASTM Standard E413. Where partitions do not extend to the structure above, the designer shall consider sound transmissions through ceilings and composite STC performance.~~

~~—(b) Public space includes lobbies, dining rooms, recreation rooms, treatment rooms, and similar space.~~

~~—(c) Service areas include kitchens, elevators, elevator machine rooms, laundry rooms, garages, maintenance rooms, boilers and mechanical equipment rooms and similar spaces of high noise. Mechanical equipment located on the same floor or above patient's rooms, offices, nurses' stations, and similarly occupied space shall be effectively isolated from the floor.~~

]

**R432-5-13. Elevators.**

At least one elevator serving all levels shall accommodate a gurney with attendant and have minimum inside cab dimensions of 5'8" wide by 8'5" deep and a minimum clear door width of 3'8".

**R432-5-14. Mechanical Standards.**

(1) Mechanical tests shall be conducted prior to final Department construction inspection.

(2) Written test results shall be retained in facility maintenance files and available for Department review.

(3) Air Conditioning, Heating, and Ventilating Systems shall include:

(a) A heating system capable of maintaining a temperature of 80 degrees Fahrenheit in areas occupied by residents.

(b) A cooling system capable of maintaining a temperature of 72 degrees Fahrenheit in areas occupied by residents.

~~[(c) Evaporative coolers may only be used in kitchen hood systems that provide 100% outside air.~~

~~[(d) Isolation rooms may be ventilated by reheat induction units in which only the primary air supplied from a central system passes through the reheat unit. No air shall be recirculated into the building system.~~

~~[(e) Supply and return systems must be within a duct. Common returns using corridor or attic spaces as return plenums are prohibited.~~

~~[(f) Filtration shall be provided when mechanically circulated outside air is used.~~

~~[(g) Hoods:~~

~~[(i) All hoods over cooking ranges shall be equipped with grease filters, fire extinguishing systems, and heat activated fan controls.~~

~~[(ii) Cleanout openings shall be provided every 20 feet in horizontal sections of duct systems serving the hoods.~~

~~[(h) Gravity exhaust may be used, where conditions permit, for boiler rooms, central storage, and other nonresident areas.~~

] (4) Plumbing and other Piping Systems shall include:

(a) Handwashing facilities that are arranged to provide sufficient clearance for single lever operating handles.

~~[(b) Dishwashers, disposal and appliances that are National Sanitation Foundation (NSF) approved and have the NSF seal affixed.~~

] ~~[(c)](b) Kitchen grease traps that are located and arranged to permit access without the need to enter food preparation or storage areas.~~

~~[(d)](c) Hot water provided in patient tubs, showers, whirlpools, and handwashing facilities that is regulated by thermostatically controlled automatic mixing valves. These valves may be installed on the recirculating system or on individual inlets to appliances.~~

#### **R432-5-15. Electric Standards.**

(1) Operators shall maintain written certification to the Department verifying that systems and grounding comply with NFPA 99 and NFPA 70.

(2) Approaches to buildings and all spaces within buildings occupied by people, machinery, or equipment shall have fixtures for lighting in accordance with the requirements of the Illuminating Engineering Society of North America (IESNA). Parking lots shall have fixtures for lighting to provide light levels as recommended in IES Recommended Practice RP-20-1998, Lighting for parking facilities by the Illuminating Engineering Society of North America.

(3) Automatic emergency lighting shall be provided in accordance with NFPA 99 and NFPA 101.

(4) Each examination and work table shall have access to a minimum of two duplex outlets.

(5) Receptacles and receptacle cover plates on the emergency system shall be red.

(6) An on-site emergency generator shall be provided in all nursing care facilities except small ICF/MR health care facilities of 16 beds or less.

(a) In addition to requirements of NFPA 70, Section 517-40, the following equipment shall be connected to the critical branch of the essential electrical system.

(i) heating equipment necessary to provide heated space sufficient to house all residents under emergency conditions,

(ii) duplex convenience outlets in the emergency heated area at the ratio of one duplex outlet for each ten residents,

(iii) nurse call system,

(iv) one duplex receptacle in each resident bedroom.

(b) Fuel storage shall permit continuous operation of the services required to be connected to the emergency generator for 48 hours.

(c) Skilled nursing facilities that accept residents that are dependant on ventilators or other electrically operated life support equipment shall be equipped with Type I essential electrical systems that meet the requirements of NFPA 99 and NFPA 70, Section 517-30.

#### **R432-5-16. Exclusions to the Guidelines.**

The following sections of the Guidelines do not apply:

~~[(1) Parking, Section 8.1.F.~~

~~[(2) Program of Functions, Section 8.1.G.~~

~~[(3) Clean workroom, Subsection 8.2.C.5.~~

] ~~[(4)](1) Linen Services, section [8-11]4.2-5.2.~~

~~[(5)](2) Clusters, paragraph 4.2-2.2.1.3(2)(a), and [Staffing Considerations, section A8.2.A.]Household models, paragraph 4.2-2.1.3(2)(b). [The cluster]These design concepts [has]have proven beneficial in numerous cases, but [is]are optional. However, the Department encourages new construction projects to consider [this]these concepts.~~

#### **R432-5-17. Penalties.**

The Department may assess a civil money penalty of up to \$10,000 and deny approval for patient utilization of new or remodeled areas if a health care provider does not submit architectural drawings to the Bureau of Licensing. The Department may assess a civil money penalty of up to \$10,000 if the licensee fails to follow Department-approved architectural plans. The Department may assess a civil money penalty of up to \$1,000 per day for each day a new or renovated area is occupied prior to licensing agency approval.

#### **KEY: health care facilities**

**Date of Enactment or Last Substantive Amendment:** ~~[February 4, 2010]~~2012

**Notice of Continuation:** December 24, 2008

**Authorizing, and Implemented or Interpreted Law:** 26-21-5; 26-21-16

**Health, Family Health and  
Preparedness, Licensing  
R432-6  
Assisted Living Facility General  
Construction**

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 35461

FILED: 11/18/2011

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** In Section R432-6-5, updates referenced codes and standards adopted by others. In Section R432-6-16, updates references standards and increase safety of persons using accessible parking spaces. In Section R432-6-20, coordinates with federal requirements. In Section R432-6-22, clarifies HVAC requirements. In Section R432-6-23, clarifies kitchen requirements. In Section R432-6-24, clarifies electrical requirements. In Section R432-6-104, coordinates with federal requirements and change requested by an interested party. In Section R432-6-201, coordinates with new State Construction Code adopted under Section 58-56-4. In Section R432-6-204, coordinates with federal requirements and eliminate duplicate requirements. In Section R432-6-208, updates a reference that is two editions out of date and out of print. In Section R432-6-209, coordinates with federal requirements and improves usability of handrails. These changes have been vetted in two meetings with providers and interested parties and have been approved by the Health Facilities Committee.

**SUMMARY OF THE RULE OR CHANGE:** In Section R432-6-5, the revision in this section removes the responsibility for obtaining documentation of compliance with accessibility standards. It also coordinates with federal requirements by changing reference from the Americans with Disabilities Act Accessibility Guidelines (ADAAG) to the new federal standard titled Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (ADA/ABA-AG). In Section R432-6-16, prohibits accessible routes between handicapped parking spaces and the building from crossing vehicle traffic lanes. Coordinates with federal accessibility requirements which eliminate the need for sheltered transfer between a vehicle and the facility. In Section R432-6-20, coordinates with federal requirements by changing reference from the Americans with Disabilities Act Accessibility Guidelines (ADAAG) to the new federal standard titled Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (ADA/ABA-AG). In Section R432-6-22, requires outside ventilation air to be tempered. Corrects an error in references for filter requirements. In Section R432-6-23, eliminates the requirement for disposers to be NSF certified and allows residential NSF certification of other appliances. In Section R432-6-24, clarifies lighting values. In Section

R432-6-104, makes soap dishes optional rather than mandatory. Coordinates with federal requirements by changing reference from the Americans with Disabilities Act Accessibility Guidelines (ADAAG) to the new federal standard titled Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (ADA/ABA-AG). In Section R432-6-201, eliminates a statement referring to the International Building Code that is now a statewide amendment to the IBC in the State Construction Code, Section 201(23). In Section R432-6-204, eliminates a duplicate requirement for lavatories and coordinates with federal requirements by changing reference from the Americans with Disabilities Act Accessibility Guidelines (ADAAG) to the new federal standard titled Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (ADA/ABA-AG). In Section R432-6-208, updates the adopted reference from the 2001 Guidelines for Design and Construction of Hospital and HealthCare Facilities to the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities. In Section R432-6-209, requires handrails to have a graspable profile and a color that contrasts the wall. Coordinates with federal requirements by changing reference from the Americans with Disabilities Act Accessibility Guidelines (ADAAG) to the new federal standard titled Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (ADA/ABA-AG).

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 26, Chapter 21

**MATERIALS INCORPORATED BY REFERENCES:**

- ◆ Updates Guidelines for Design and Construction of Health Care Facilities, published by ASHE (American Society of Healthcare Engineering), 2010 edition

**ANTICIPATED COST OR SAVINGS TO:**

- ◆ **THE STATE BUDGET:** The cost of purchasing the new referenced standards and the cost of printing and distribution of the revised rule is covered in Rule R432-4, General Construction, which is being amended concurrent with this rule. No others costs are expected. (DAR NOTE: The proposed amendment to Rule R432-4 is under DAR No. 35459 in this issue, December 15, 2011, of the Bulletin.)
- ◆ **LOCAL GOVERNMENTS:** The rule change has no impact on local government because these standards are enforced at the state level.
- ◆ **SMALL BUSINESSES:** Small business Assisted Living providers that build new buildings with special dementia units and the architects and engineers that design the buildings will have the cost of purchasing the new standards. The cost of the new standards is \$168. Facilities may now omit a canopy or port-cohere. A minimal canopy costs approximately \$5,000. Assuming 5 small businesses purchase copies of the updated dementia standards and omit the canopy the aggregate cost to small business is a savings of \$24,160.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Assisted Living providers that build new buildings with special

dementia units will have the cost of purchasing the new referenced standards. The cost of the new referenced standards is \$168. Assuming 5 providers purchase copies of the updated dementia standards and omit the canopy the aggregate cost is a savings of \$24,160.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** The cost to Assisting Living providers constructing or remodeling buildings with special dementia units for the purchase of the new referenced standards is \$168. The rule change will not increase any compliance costs.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** This rule has been extensively discussed with the regulated businesses and they appear to concur that updating the rule to adopt updated federal accessibility standards and the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities is appropriate. Public comment received will be carefully evaluated for any unforeseen fiscal impact.

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

HEALTH  
FAMILY HEALTH AND PREPAREDNESS,  
LICENSING  
CANNON HEALTH BLDG  
288 N 1460 W  
SALT LAKE CITY, UT 84116-3231  
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Andrew Baxter by phone at 801-538-6140, by FAX at 801-538-6325, or by Internet E-mail at [andrewbaxter@utah.gov](mailto:andrewbaxter@utah.gov)  
♦ Joel Hoffman by phone at 801-538-6279, by FAX at 801-538-6024, or by Internet E-mail at [jhoffman@utah.gov](mailto:jhoffman@utah.gov)

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

#### **R432. Health, Family Health and Preparedness, Licensing.**

##### **R432-6. Assisted Living Facility General Construction.**

##### **R432-6-5. Codes and Code Compliance.**

(1) The following codes and standards enforced by other agencies or jurisdictions apply to assisted living facilities. The licensee shall obtain documentation of compliance for the following codes and standards from the authority having jurisdiction and submit the documentation to the Department:

- (a) Local zoning ordinances;
- (b) International Building Code~~[-2000 edition];~~
- (c) International Plumbing Code~~[-2000 edition];~~
- (d) International Fire Code~~[-2000 edition]; and~~

(e) ~~[Americans with Disabilities Act Accessibility Guidelines, (ADAAG) 28 CFR 36, Appendix A (July 1993);]~~International Mechanical Code; and

(f) National Electrical Code, NFPA 70.

(2) The licensee shall obtain a certificate of occupancy from the local building official having jurisdiction.

(3) The licensee shall obtain a certificate of fire clearance from the Fire Marshal having jurisdiction.

(4) The licensee shall submit a copy of the certificates to the Department prior to resident utilization of newly constructed facilities, additions or remodels of existing facilities.

(5) Where portions of the building are required to be accessible to persons with disabilities, they shall comply with the Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (ADA/ABA-AG).

##### **R432-6-16. Parking.**

(1) Parking requirements must comply with local zoning ordinances.

(2) Parking spaces for persons with disabilities shall be as level as practical and conform to requirements for disabled parking access as required by ~~[ADAAG]~~ADA/ABA-AG.

(a) The extra width required for disabled parking may be used as part of a common walkway.

(b) Parking spaces for the disabled shall be directly accessible to the facility without requiring the disabled to go behind parked cars or cross vehicle traffic lanes.

##### **R432-6-20. General Standards for Finishes.**

(1) Curtains and draperies shall be affixed to permanently mounted tracks or rods.

(2) Floors and walls shall be designed and constructed as follows:

(a) Floor materials shall be easily cleanable;

(b) Floors in areas used for food preparation or food assembly shall be water-resistant. Floor surfaces, including tile joints, shall be resistant to food acids.

(c) In areas subject to frequent wet-cleaning, floor materials shall not be physically affected by germicidal cleaning solutions.

(d) Floors in shower and bath areas, kitchens, and similar work areas subject to traffic while wet shall have non slip surfaces.

(e) Floors and wall bases of kitchens, toilet rooms, bath rooms, janitors' closets, and other areas subject to frequent wet cleaning shall be homogeneous with coved bases and tightly sealed seams.

(f) Wall finishes shall be washable and, in the immediate vicinity of plumbing fixtures, smooth and moisture-resistant.

(g) Finish, trim, floor, and wall construction in dietary and food preparation areas shall be free of insect and rodent harboring spaces.

(h) Floor and wall openings for pipes, ducts, conduits, and joints of structural elements shall be tightly sealed to resist passage of fire and smoke and minimize entry of pests.

(i) Carpet and padding shall be stretched taut and be free of loose edges.

(j) Carpet pile shall be sufficiently dense so as not to interfere with the operation of wheel chairs, walkers, wheeled carts, and other wheeled equipment.

(k) Carpet and other floor coverings shall comply with provisions of ~~[ADAAG]~~ADA/ABA-AG.

(3) Ceiling finishes shall be designed and constructed as follows:

(a) Finishes of all exposed ceilings and ceiling structures in resident rooms and staff work areas shall be readily cleanable with routine housekeeping equipment.

(b) In large facilities, acoustical treatment for sound control shall be provided in areas where sound control is needed, including corridors in resident areas, dayrooms, recreation rooms, dining areas, and waiting areas.

(c) Finished ceilings may be omitted in mechanical and equipment spaces, shops, general storage areas, and similar spaces unless required for fire resistive purposes.

(4) The following signs shall be provided:

(a) general and circulation direction signs in corridors of large assisted living facilities;

(b) emergency evacuation directional signs for all facilities; and

(c) room identification signs on the corridor side of all corridor doors.

**R432-6-22. Mechanical, Heating, Cooling and Ventilation Systems.**

(1) The HVAC system design shall prevent large temperature differentials, high velocity supply, excessive noise, and air stagnation.

(2) Air supply and exhaust in rooms for which no minimum total air change rate is mandated by Table 2 may vary to zero in response to room load.

(3) Mechanical ventilation shall be provided ~~[for interior spaces]~~independent of thermostat-controlled demands.

(a) Minimum total air change, room temperature, and temperature control shall comply with standards in Table 2.

(b) To maintain asepsis and odor control, airflow supply and exhaust shall be controlled to ensure movement of air from clean to less clean areas.

(c) Rooms containing heat-producing equipment shall be insulated and ventilated to prevent the floor surface above or the walls of adjacent occupied areas from exceeding a temperature of ten degrees Fahrenheit above ambient room temperature.

(d) All rooms and occupiable areas in the facility shall have provisions for ventilation. Natural window ventilation may be used for ventilation of nonsensitive areas and resident rooms when weather conditions permit, but mechanical ventilation shall be provided during periods of temperature extremes. Outside ventilation air shall be tempered to between room temperature and the supply air temperature for the appropriate heating or cooling mode.

(e) The heating system shall be capable of maintaining temperatures of 80 degrees F. in areas occupied by residents.

(f) The cooling system shall be capable of maintaining temperatures of 72 degrees F. in areas occupied by residents.

(g) Equipment must be available to provide essential heating during a loss of normal heating capability. All emergency heating devices shall be approved by the local fire jurisdiction.

(h) Fans serving exhaust systems shall be located at the discharge end and shall be readily serviceable. Exhaust fans may be on the inlet side if individually ducted directly to the outside.

(i) Fresh air intakes shall be located at least 10 feet from exhaust outlets of ventilating systems, combustion equipment stacks, plumbing vents, or areas subject to vehicular exhaust or other noxious fumes.

(j) All ventilation, air conditioning systems and air delivery equipment, including through wall units, shall be equipped with filters ~~[in accordance with Table 2.]~~as follows:

(i) All areas for resident care, and those areas providing direct service or clean supplies shall provide at least one filter bed with a minimum of 30% efficiency.

(ii) All administrative, bulk storage, soiled holding, food preparation and laundries shall provide at least one filter bed with a minimum of 25% efficiency.

(k) Gravity exhaust may be used where conditions permit for boiler rooms, central storage, and other nonresident areas.

(l) The ventilation system shall be air tested and balanced prior to the final Department construction inspection. The initial test results and air balancing report shall be maintained for Department review.

TABLE 2  
Ventilation Requirements

AREA DESIGNATION	AIR MOVEMENT IN RELATION TO ADJACENT AREAS	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR TO ROOM	MINIMUM TOTAL AIR CHANGES PER HOUR	ALL AIR EXHAUSTED OUTSIDE
Bath and Shower Rooms	N	Optional	10	YES
Clean Linen Storage	P	Optional	2	Optional
Dietary Day Storage	V	Optional	2	Optional
Food Preparation Center	E	2	10	YES
Janitors' Closets	N	Optional	10	YES
Laundry	V	2	10	YES
Corridor	E	Optional	2	Optional
Grooming Area	N	2	2	YES
Resident Room	E	Greater	2	Optional of one air change or minimum 20 CFM/person
Soiled Linen holding	N	Optional	10	YES

Toilet Rooms	N	Optional	10	YES
Ware Washing	N	Optional	10	YES
Common Areas	E	2	2	Optional

E = Equal; N = Negative; P = Positive; V = Variable

(m) The requirements of Table 2 do not apply to limited capacity facilities. Limited capacity facilities shall provide exhaust for kitchens and bathrooms.

(n) If an existing building bathroom or toilet room is not exhausted to the outside, the licensee may submit a Request for Agency Action Variance to the Table 2 requirements at the time of initial licensing.

~~(4) All areas for resident care, and those areas providing direct service or clean supplies shall provide at least one filter bed with a minimum of 30% efficiency.~~

~~(5) All administrative, bulk storage, soiled holding, food preparation and laundries shall provide at least one filter bed with a minimum of 25% efficiency.~~

**R432-6-23. Plumbing.**

(1) Showers and tubs shall have non-slip or slip-resistant surfaces.

(2) Potable water supply systems shall comply with the following requirements:

(a) Water supply systems shall be designed with sufficient pressure to operate all fixtures and equipment during maximum demand.

(b) Each water service main, branch main, riser, and branch to a group of fixtures shall have a stop valve. A stop valve shall be provided for each fixture. Panels shall be provided for access to valves.

(c) All fixtures used by residents shall be trimmed with valves with cross, tee or single lever handles.

(3) Hot water systems shall meet the following requirements:

(a) As a minimum, water-heating systems shall provide supply capacity at temperatures and amounts indicated in Table 3. Water temperature shall be measured at the point of use or inlet to equipment.

TABLE 3  
Hot Water Use

	Resident Care Areas		
	Dietary	Laundry	
Gallons per Hour per Bed	3	2	2
Temperature Centigrade	43	49	71
Temperature Fahrenheit	110	120	160

(b) Distribution systems that exceed 50 linear feet and that service resident care areas shall be under constant recirculation to provide continuous hot water to each outlet. The temperature of hot water for lavatories, showers and bathing shall not exceed 120 degrees Fahrenheit. Thermostatically controlled automatic mixing valves may be used to maintain hot water at these temperatures.

(c) 180 degrees Fahrenheit rinse water must be provided at the dishwasher if an approved low temperature chemical rinse is not utilized.

(d) 160 degrees Fahrenheit hot water must be available at the laundry equipment as needed.

(4) Quantities indicated for design demand of hot water are for general reference minimums and shall not substitute for accepted engineering design procedures using actual number and types of fixtures to be installed.

(5) Drainage system shall comply with the following requirements:

(a) Building sewers shall discharge into community sewerage. Where such a system is not available, the facility shall treat its sewage in accordance with local requirements and State Department of Environmental Quality requirements.

(b) Where overhead drain piping is exposed, special provisions shall be made to protect the space below from contamination from leakage, condensation, and dust particles. Approval of special provisions in food preparation, food service areas, and food storage areas shall be obtained from the local health department.

(c) Kitchen grease trap locations shall comply with local health department rules.

(6) Dishwashers~~[, in sink garbage disposers,]~~ and other kitchen food storage or cooking appliances shall be National Sanitation Foundation, NSF, approved and have the NSF seal affixed. Residential NSF certified appliances shall be acceptable.

**R432-6-24. Electrical.**

(1) In large assisted living facilities, panel boards serving normal lighting and appliance circuits shall be located on the same floor or on the same wing as the circuits served. Panels for emergency circuits, if provided, may serve the floors above and below for general resident areas and administration.

(2) Corridors shall be illuminated at night in accordance with Table 4. Corridor lighting shall be adjustable so that light levels may be reduced at night and still provide a maximum brightness ratio of 1:10.

(3) Light intensity shall be at or above the minimum foot-candle in accordance with Table 4. Values in table 4 are minimum maintained average illuminance measured at the task plane. Areas not shown in Table 4, including parking lots and approaches to the building, shall have fixtures to provide light levels as recommended in IES Recommended Practice RP-20-1998, Lighting for Parking Facilities by the Illuminating Engineering Society of North America, which is adopted and incorporated by reference.

TABLE 4  
Assisted Living Facilities Lighting Standards

Physical Plant Area	Minimum Foot-candle
Corridors	
Day	15
Night	7.5
Exits	15
Stairways	15
Res. Room	
General	7.5
Reading/Mattress Level	30
Toilet area	30



Lounge	
General	7.5
Reading	30
Recreation	30
Dining	20
Dining and Recreation	30
Laundry	30

(4) Each resident room shall have a duplex grounded receptacle on every wall. If a TV jack is included, there must be an extra ~~outlet~~ duplex receptacle on the wall with the TV jack.

(5) Duplex grounded receptacles for general use shall be installed no more than 50 feet apart in corridors, on either side, and within 25 feet of corridor ends.

(6) A night light shall be provided in each resident bedroom and bathroom.

**R432-6-104. Toilet and Bathing Facilities.**

(1) Residents shall have privacy in toilet and bathrooms. Toilet and bathrooms shall be conveniently located.

(2) Resident toilet, bathtub, shower rooms, and facilities designed for use by ~~the disabled~~ persons with disabilities shall comply with ~~ADAAG~~ ADA/ABA-AG.

(3) Grab bars ~~configured to meet ADA/ABA-AG~~ shall be provided in all resident bathtubs and showers. ~~[as required by ADAAG. At least one grab bar, which complies with ADAAG,]~~ Grab bars ~~configured to meet ADA/ABA-AG~~ shall be provided at the side of each resident toilet facility.

(4) Bars, including those which are an integral part of soap dishes, towel bars, and other fixtures shall be anchored to sustain a concentrated load of 250 pounds.

(5) There shall be one toilet and lavatory on each floor for each six occupants not otherwise served by toilet and lavatory in the resident rooms. A large type I assisted living facility shall have separate and additional toilet and bathing facilities for live-in family and staff.

(6) There shall be at least one bathtub or shower for each 10 residents not otherwise served by bathing facilities in resident rooms. Separate and additional facilities shall be provided for live-in family and staff. In a multistory building, there shall be at least one bathtub or shower which opens from the corridor on each floor that contains resident bedrooms not otherwise served.

(7) Each central bathroom shall have a toilet and lavatory.

(8) Toilet and bathing facilities shall not open directly into food preparation areas.

(9) All toilet, shower, and tub facilities shall have impermeable walls and surfaces that can be easily cleaned and sanitized.

(10) ~~If s[S]howers [and] or bath[rooms]tubs [shall] contain [recessed] soap dishes or shelves, they shall be recessed.~~

(11) Each lavatory fixture shall have a mirror, except in food preparation areas.

**R432-6-201. Occupancy Type.**

(1) Large assisted living facilities shall comply with I-2 International Building Code requirements and shall have, at a minimum, 6 foot wide corridors. ~~[Area, height and story increases as permitted in the body of IBC paragraph 504.2 shall be permitted.]~~

(2) Small assisted living facilities shall comply with I-1, International Building Code, requirements and shall have, at a minimum, six-foot wide corridors.

(3) Limited capacity assisted living facilities that house Type II assisted living residents shall comply with R-4, International Building Code requirements and shall either have an approved sprinkler system, or provide a staff to resident ratio of one to one on a 24-hour basis. Residents shall be housed on floors at grade level.

**R432-6-204. Toilet and Bathing Facilities.**

(1) If toilet and bathrooms are shared by more than one resident, the facility shall provide individual privacy.

(2) A minimum of fifty percent of all toilet rooms, bathrooms and shower rooms shall be designed in compliance with ~~ADAAG~~ ADA/ABA-AG.

(3) Public toilet rooms shall be accessible from a corridor, and shall comply with ~~ADAAG~~ ADA/ABA-AG.

(4) If the living unit includes a private bathroom, the bathroom shall contain a toilet and a lavatory.

(5) If resident living units do not have a private bathroom, the facility shall provide the following:

(a) a toilet and lavatory for every four residents;

(b) a bathtub or shower for every 10 residents designed to accommodate a resident in a wheelchair and space to allow staff to assist a resident in taking a shower; and

(c) a bathroom with bathtub or shower, toilet and lavatory which open from a corridor on each floor of a multiple story facility.

(6) If resident living units have private bathrooms that do not allow staff assistance, then each floor or level shall provide a bathroom equipped with a bathtub or shower, toilet, and lavatory which opens from a corridor that provides wheelchair clearances and allows for staff assistance in bathing.

(7) Grab bars ~~configured to meet ADA/ABA-AG~~ shall be provided in all resident bathtubs and showers. ~~[as required by ADAAG. At least one grab bar, which complies with ADAAG,]~~ Grab bars ~~configured to meet ADA/ABA-AG~~ shall be provided at the side of each resident toilet facility not designed for accessibility.

(8) Toilet and bathing facilities may not open directly into food preparation areas.

(9) All toilet, shower, and tub facilities shall have impermeable walls and surfaces that may be easily cleaned and sanitized.

(10) Showers and tubs shall contain recessed soap dishes.

(11) Each lavatory fixture shall have a mirror. Mirrors over lavatories located in food preparation areas are prohibited.

~~[(12) All lavatories shall have hand drying facilities. (a) If lavatories are used by more than one individual, enclosed, single use paper towel dispensing units or cloth towel dispensing units or hot air drying units shall be provided.~~

~~(b) Lavatories shall be anchored to withstand an applied vertical load of 250 pounds on the front of the fixture.~~

~~[(13)](12) Bars, including those which are parts of soap dishes, towel bars, and other fixtures shall be anchored to a wall and withstand a concentrated load of 250 pounds.~~

**R432-6-208. Special Design Features.**

(1) A signal system shall be provided to alert staff of a resident's need for help.

- (2) The signal system shall be designed to:
- (a) operate from each resident's living unit and from each bath room or toilet room;
  - (b) transmit a visual and auditory signal to a 24-hour staffed location, except a limited capacity facility signal system shall produce an auditory signal to summon staff;
  - (c) identify the location of the resident summoning help;
- and

(d) allow it to be turned off only at the source of the call.

(3) Large and small facilities shall provide a thermostat control in each resident living unit. The Department shall grant a variance upon request from the licensee to this requirement for an existing building seeking initial licensure.

(4) Plumbing shutoff valves shall be located on the main water supply line and at each fixture. In addition, large facilities shall provide an accessible shutoff valve on each primary hot and cold branch of the water line and shall provide a minimum of two hot and two cold water zones. The Department shall grant a variance upon request from the licensee to this requirement for an existing building seeking initial licensure.

(5) Building entrances in large and small facilities shall be at grade level, clearly marked, and located to minimize the need for residents to traverse other program areas. A main facility entrance shall be designated and accessible to persons with disabilities.

(6) Special units intended to accommodate residents with Alzheimers or Dementia shall comply with Section ~~[8.8]4.2-2.2.3.2~~ of the Guidelines for Design and Construction of ~~[Hospital and]~~ Health Care Facilities, ~~[2004]2010~~ edition, which is adopted and incorporated by reference.

#### **R432-6-209. General Standards for Details.**

(1) Each resident living unit entry door shall be constructed as follows:

(a) be 36 inches wide;

(b) open inward into the resident living unit or designed so that an outward swinging door does not restrict the corridor width;

(c) be lockable, but operable from the inside by single-action lever; and

(d) be individually keyed with the key under resident control.

(2) A master key shall be available for staff.

(3) Door handles for all doors used by residents shall be of the lever type and shall meet ~~[ADAAG]ADA/ABA-AG~~ requirements. Building entrances and exit doors may have panic hardware.

(4) Each door to toilet and bathing facilities shall comply with ~~[ADAAG]ADA/ABA-AG~~ and the following:

(a) be equipped with hardware which permits emergency access from the outside; and

(b) open out or be double acting.

(5) Handrails ~~[shall]~~ meeting the profile and gripability requirements of ~~[ADAAG]ADA/ABA-AG~~ ~~[and]~~ shall be provided on both sides of all resident corridors. Handrail color shall contrast that of the wall it is mounted on.

#### **KEY: health care facilities**

**Date of Enactment or Last Substantive Amendment:** ~~[February 4, 2010]2012~~

**Notice of Continuation:** December 30, 2008

**Authorizing, and Implemented or Interpreted Law:** 26-21-5; 26-21-16

## Health, Family Health and Preparedness, Licensing **R432-7** Specialty Hospital – Psychiatric Hospital Construction

### NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 35462

FILED: 11/18/2011

### RULE ANALYSIS

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** In Section R432-7-4, coordinates with changes in a referenced rule. Coordinates with the revised title of federal accessibility standards. In Section R432-7-5, updates a referenced standard that is out of date and out of print. Coordinates with the revised title of federal accessibility standards. In Section R432-7-6, coordinate with reformatting and renumbering of a referenced standard. These changes have been vetted in two meetings with providers and interested parties and have been approved by the Health Facilities Committee.

**SUMMARY OF THE RULE OR CHANGE:** In Section R432-7-4, expands the referenced sections so that kitchen appliances must be NSF certified. Coordinates with reformatting of a referenced standard. In Section R432-7-5, updates the adopted reference from the 2001 Guidelines for Design and Construction of Hospital and HealthCare Facilities to the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities. Clarifies door hardware requirements and separation of pediatric and adult psychiatric patients. In Section R432-7-6, coordinates with reformatting of a referenced standard.

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 26, Chapter 21

#### **MATERIALS INCORPORATED BY REFERENCES:**

- ◆ Updates Guidelines for Design and Construction of Health Care Facilities, published by ASHE (American Society of Healthcare Engineering), 2010 edition

**ANTICIPATED COST OR SAVINGS TO:**

♦ **THE STATE BUDGET:** The cost of purchasing the new referenced standard and the cost of printing and distribution of the revised rule is covered in Rule R432-4, General Construction, which is being amended concurrent with this rule. No others costs are expected. (DAR NOTE: The proposed amendment to Rule R432-4 is under DAR No. 35459 in this issue, December 15, 2011, of the Bulletin.)

♦ **LOCAL GOVERNMENTS:** The rule change has no impact on local government because these standards are enforced at the state level.

♦ **SMALL BUSINESSES:** Architects and engineers that design the buildings will have the cost of purchasing new standard. The cost of the new standards is \$168. Assuming 5 small businesses purchase copies of the updated standards the aggregate cost to small business is \$840.

♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Psychiatric Specialty Hospitals that build new buildings or remodel existing facilities will have the cost of purchasing the new referenced standard. The cost of the new referenced standards is \$168. Assuming all 7 Utah psychiatric specialty hospitals providers purchase copies of the updated standards the aggregate cost to business is \$1,176.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** The cost to psychiatric Specialty Hospitals constructing or remodeling buildings and architects and engineers designing them for the purchase of the new referenced standard is \$168. The rule change will not increase compliance costs for providers.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** This rule has been extensively discussed with the regulated businesses and they appear to concur that updating the rule to adopt updated federal accessibility standards and the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities is appropriate. Public comment received will be carefully evaluated for any unforeseen fiscal impact.

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

HEALTH  
FAMILY HEALTH AND PREPAREDNESS,  
LICENSING  
CANNON HEALTH BLDG  
288 N 1460 W  
SALT LAKE CITY, UT 84116-3231  
or at the Division of Administrative Rules.

**DIRECT QUESTIONS REGARDING THIS RULE TO:**

♦ Andrew Baxter by phone at 801-538-6140, by FAX at 801-538-6325, or by Internet E-mail at [andrewbaxter@utah.gov](mailto:andrewbaxter@utah.gov)  
♦ Joel Hoffman by phone at 801-538-6279, by FAX at 801-538-6024, or by Internet E-mail at [jhoffman@utah.gov](mailto:jhoffman@utah.gov)

**INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012**

**THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012**

**AUTHORIZED BY: David Patton, PhD, Executive Director**

**R432. Health, Family Health and Preparedness, Licensing.****R432-7. Specialty Hospital - Psychiatric Hospital Construction.****R432-7-1. Legal Authority.**

This rule is promulgated pursuant to Title 26, Chapter 21.

**R432-7-2. Purpose.**

The purpose of this rule is to establish construction standards for a specialty hospital for psychiatric services.

**R432-7-3. General Design Requirements.**

R432-4-1 through R432-4-22 apply to this rule with the following modifications.

**R432-7-4. General Construction, Ancillary Support Facilities.**

R432-4-23 [(2)](1) through [(19)](20) applies with the following modifications:

(1) Leaf width for patient room doors and doors to patient treatment rooms shall be a minimum of three feet.

(2) Corridors in patient use areas shall be a minimum of six feet wide.

(3) Grab Bars. Where grab bars are provided, the space between the bar and the wall shall be filled. Bars, including those which are part of such fixtures as soap dishes, shall be sufficiently anchored to sustain a concentrated load of 250 pounds. Grab bars shall meet the requirements of ~~ADA/AG~~ ADA/ABA-AG.

(4) Emergency Electrical Service. An on-site emergency generator shall be provided connecting the following services:

(a) life safety branch, as defined in section 517-32 of the National Electric Code NFPA 70;

(b) critical branch, as defined in 517-33 of the National Electric Code NFPA 70;

(c) equipment system, as defined in 517-34 of the National Electric Code NFPA 70;

(d) telephone;

(e) nurse call;

(f) heating equipment necessary to provide heating space to house all patients under emergency conditions;

(g) one duplex convenience outlet in each patient bedroom;

(h) one duplex convenience outlet at each nurses station;

and  
(i) duplex convenience outlets in the emergency heated part at a ratio of one for each ten patients.

(5) Nurse Call System. A nurse call system is optional. If installed, provisions shall be made for the easy removal or covering of call buttons.

(6) X-ray Equipment. If installed, fixed and mobile x-ray equipment shall conform to Articles 517 and 660 of NFPA 70.

(7) Security glazing. Security glazing and other security features shall be used at all windows of the nursing unit and other patient activity and treatment areas to reduce the possibility of patient injury or escape.

**R432-7-5. General Construction, Patient Facilities.**

(1) The requirements of R432-4-24 and Sections ~~[4-2.1 and 2.5]~~ 2.1 and 2.5, of the Guidelines for Design and Construction of ~~[Hospital and]~~ Health Care Facilities, ~~[including the Appendix, 2001]~~ 2010 edition (Guidelines) shall be met except as modified in this rule. Where a modification is cited, the modification supersedes conflicting requirements of R432-4-24 and the Guidelines.

(2) Patient Rooms.

(a) At least two single bed rooms with a private toilet room shall be provided for each nursing unit.

(b) Minimum clear dimensions of closets in patient rooms shall be 22 inches deep and 36 inches wide. The clothes rod shall be of the breakaway type.

(3) ~~[The Service Area]~~ Patient bathing facilities, Guidelines Section ~~[4-2-B]2.5-2.2.2.7~~, is modified as follows:

(a) Each bathtub or shower shall be in an individual room or enclosure sized to allow staff assistance and designed to provide privacy during bathing, drying, and dressing.

(b) At least one shower in central bathing facilities shall be designed in accordance with the Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines ~~[(ADAAG)]~~ (ADA/ABA-AG) for use by a person with a wheelchair.

(c) A toilet room with direct access from the bathing area, shall be provided at each central bathing area.

(d) Doors to toilet rooms shall comply with ~~[ADAAG]~~ ADA/ABA-AG. The doors shall be equipped with hospital privacy locks or other hardware that protects patient privacy and permits access from outside in case of an emergency without the use of keys or tools.

(e) A handwashing fixture shall be provided in each toilet room.

(f) At least one patient toilet room in each nursing unit shall contain a shower or tub in addition to the toilet and lavatory. Fixtures shall be wheelchair accessible with wheelchair turning space within the room.

~~[(g) Separate activity areas shall be provided for pediatric and adolescent nursing units.]~~

(4) Child Psychiatric Unit, Guidelines Section ~~[4-3]2.5-2.3~~, is modified as follows:

(a) Pediatric and adolescent nursing units shall be physically separated from adult nursing units.

(b) Examination and treatment rooms shall be provided for pediatric and adolescent patients separate from adult rooms.

(i) Each room shall provide a minimum of 100 square feet of usable space exclusive of fixed cabinets, fixtures, and equipment.

(ii) Each room shall contain a work counter, storage facilities, and lavatory equipped for handwashing.

~~[(c) Separate activity areas shall be provided for pediatric and adolescent nursing units.]~~

(5) In addition to the service area requirements, individual rooms or a multipurpose room shall be provided for dining, education, and recreation.

(a) Insulation, isolation, and structural provisions shall minimize the transmission of impact noise through the floor, walls, or ceiling of these multipurpose rooms.

(b) Service rooms may be shared by more than one pediatric or adolescent nursing unit, but shall not be shared with adult nursing units.

(6) A patient toilet room, in addition to those serving bed areas, shall be conveniently accessible from multipurpose rooms.

(7) Storage closets or cabinets for toys, educational, and recreational equipment shall be provided.

(8) Linen services shall comply with R432-4-24~~(7)~~(8).

**R432-7-6. Exclusions to the Guidelines.**

The following sections of the Guidelines do not apply:

(1) Linen services, section ~~[4-16]2.5-5.2~~.

~~[(2) Parking, Subsection 11.1.C.]~~

**R432-7-7. Penalties.**

The Department may assess a civil money penalty of up to \$10,000 and deny approval for patient utilization of new or remodeled areas if a health care provider does not submit architectural drawings to the Bureau of Licensing. The Department may assess a civil money penalty of up to \$10,000 if the licensee fails to follow Department-approved architectural plans. The Department may assess a civil money penalty of up to \$1,000 per day for each day a new or renovated area is occupied prior to licensing agency approval.

**KEY: health care facilities**

**Date of Enactment or Last Substantive Amendment:** ~~[February 4, 2010]~~ 2012

**Notice of Continuation:** November 24, 2009

**Authorizing, and Implemented or Interpreted Law:** 26-21-5; 26-21-2.1; 26-21-20

Health, Family Health and  
Preparedness, Licensing  
**R432-8**  
Specialty Hospital - Chemical  
Dependency/Substance Abuse  
Construction

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 35463

FILED: 11/18/2011

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: In Section R432-8-5, changes the base standard for Chemical Dependency specialty hospitals from referencing the general hospital standards to the psychiatric hospital standards. Updates a referenced standard that is out of date and out of print. Coordinates with the revised title of

federal accessibility standards. In Section R432-8-6, clarifications and changes in terminology. In Section R432-8-7, coordinates with the change from general hospital standards to psychiatric hospital standards and reformatting and renumbering of a referenced standard. These changes have been vetted in two meetings with providers and interested parties and have been approved by the Health Facilities Committee.

**SUMMARY OF THE RULE OR CHANGE:** In Section R432-8-5, changes the referenced base standards for chemical dependency hospital from general (medically acute) hospital standards to psychiatric hospital standards. Updates the adopted reference from the 2001 Guidelines for Design and Construction of Hospital and HealthCare Facilities to the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities. In Section R432-8-6, requires dining and day space for all patients, not just facilities with more than 100 patients. In Section R432-8-7, coordinates with the change from general hospital base standards to psychiatric standards and reformatting of the referenced standard.

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 26, Chapter 21

**MATERIALS INCORPORATED BY REFERENCES:**

- ◆ Updates Guidelines for Design and Construction of Health Care Facilities, published by ASHE (American Society of Healthcare Engineering), 2010 edition

**ANTICIPATED COST OR SAVINGS TO:**

- ◆ **THE STATE BUDGET:** The cost of purchasing the new referenced standard and the cost of printing and distribution of the revised rule is covered in Rule R432-4, General Construction, which is being amended concurrent with this rule. No others costs are expected. (DAR NOTE: The proposed amendment to Rule R432-4 is under DAR No. 35459 in this issue, December 15, 2011, of the Bulletin.)
- ◆ **LOCAL GOVERNMENTS:** The rule change has no impact on local government because these standards are enforced at the state level.
- ◆ **SMALL BUSINESSES:** There are currently no Chemical Dependency/Substance Specialty Hospitals in Utah.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** There are currently no Chemical Dependency/Substance Specialty Hospitals in Utah.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** There are currently no Chemical Dependency/Substance Specialty Hospitals in Utah. The rule change will not increase compliance costs for prospective providers. If Chemical Dependency special hospitals are ever constructed in Utah a substantial savings is expected by building the facility to psychiatric standards rather than general hospital standards.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** This rule has been extensively discussed with the regulated businesses and they appear to concur that updating the rule to adopt updated federal accessibility standards and the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities is appropriate. Public comment received will be carefully evaluated for any unforeseen fiscal impact.

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

HEALTH  
FAMILY HEALTH AND PREPAREDNESS,  
LICENSING  
CANNON HEALTH BLDG  
288 N 1460 W  
SALT LAKE CITY, UT 84116-3231  
or at the Division of Administrative Rules.

**DIRECT QUESTIONS REGARDING THIS RULE TO:**

- ◆ Andrew Baxter by phone at 801-538-6140, by FAX at 801-538-6325, or by Internet E-mail at [andrewbaxter@utah.gov](mailto:andrewbaxter@utah.gov)
- ◆ Joel Hoffman by phone at 801-538-6279, by FAX at 801-538-6024, or by Internet E-mail at [jhoffman@utah.gov](mailto:jhoffman@utah.gov)

**INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012**

**THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012**

**AUTHORIZED BY:** David Patton, PhD, Executive Director

**R432. Health, Family Health and Preparedness, Licensing.**  
**R432-8. Specialty Hospital - Chemical Dependency/Substance Abuse Construction.**

**R432-8-1. Legal Authority.**

This rule is adopted pursuant to Title 26, Chapter 21.

**R432-8-2. Purpose.**

This rule applies to a hospital that chooses to be licensed as a specialty hospital and which has as its major single service the treatment of patients with chemical dependency or substance abuse. The rule identifies the construction standards for a specialty hospital, if the hospital chooses to have a dual major service, e.g., chemical dependency or substance and psychiatric care, then both of the appropriate specialty hospital construction rules apply.

**R432-8-3. General Design Requirements.**

See R432-4-1 through R432-4-22.

**R432-8-4. General Construction, Ancillary Support Facilities.**

R432-4-23 applies with the following modifications:

- (1) Corridors. Corridors in patient use areas shall be a minimum six feet wide.

(2) Door leaf width for patient room doors and doors to patient treatment rooms shall be a minimum three feet.

(3) Ceiling finishes. Ceiling construction in patient and seclusion rooms shall be monolithic.

(4) Bed pan flushing devices are optional.

(5) Windows, in rooms intended for 24-hour occupancy, shall be operable.

(6) Emergency Electrical Service.

(a) An on-site emergency generator shall be provided.

(b) The following services shall be connected to the emergency generator:

(i) life safety branch, as defined in section 517-32 of the National Electric Code NFPA 70;

(ii) critical branch, as defined in 517-33 of the National Electric Code NFPA 70;

(iii) equipment system, as defined in 517-34 of the National Electric Code NFPA 70;

(iv) telephone;

(v) nurse call;

(vi) heating equipment necessary to provide adequate heated space to house all patients under emergency conditions;

(vii) one duplex convenience outlet in each patient bedroom;

(viii) one duplex convenience outlet at each nurse station;

(ix) duplex convenience outlets in the emergency heated area at a ratio of one for each ten patients.

(6) Nurse Call System.

(a) A nurse call system is optional.

(b) If a nurse call system is installed, provisions shall be made for the easy removal or covering of call buttons.

#### **R432-8-5. General Construction, Patient Service Facilities.**

(1) The requirements of R432-4-24 and the requirements of ~~Chapter 7 including the Appendix~~ Sections 2.1 and 2.5 of the Guidelines for Design and Construction of ~~Hospital and~~ Health Care Facilities, [2004]2010 edition (Guidelines) shall be met. Where a modification is cited, the modification supersedes conflicting requirements of R432-4-24 and the Guidelines. ~~Swing beds must meet Sections 7 and 8 of the Guidelines.~~

(2) The environment of the nursing unit shall give a feeling of openness with emphasis on natural light and exterior views.

(a) Interior finishes, lighting, and furnishings shall suggest a residential rather than an institutional setting.

(b) Security and safety devices shall be presented in a manner which will not attract or challenge tampering by patients.

(3) Patient rooms.

(a) At least two single-bed rooms, with private toilet rooms, shall be provided for each nursing unit.

(b) Minimum patient room areas, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules, shall be 100 square feet in single-bed rooms and 80 square feet per bed in multiple-bed rooms. The areas listed are minimum and do not prohibit larger rooms.

(c) Patient rooms shall include a wardrobe, closet, or locker, having minimum clear dimensions of 22 inches deep by 36 inches wide, suitable for hanging full-length garments. A break-away clothes rod and adjustable shelf shall be provided.

(d) Visual privacy is not required in all multiple-bed rooms, however privacy curtains shall be provided in five percent of multiple-bed rooms for use in treating detoxification patients.

(4) Laundry facilities shall be available to patients, including an automatic washer and dryer.

(5) Bathing facilities shall be provided in each nursing unit at a ratio of one bathing facility for each six beds not otherwise served by bathing facilities within individual patient rooms.

(a) Each bathtub or shower shall be in an individual room or enclosure adequately sized to allow staff assistance and designed to provide privacy during bathing, drying, and dressing.

(b) At least one shower in central bathing facilities shall be designed in accordance with ~~ADAAG~~ ADA/ABA-AG for use by a wheelchair patient.

(6) A toilet room with direct access from the bathing area shall be provided at each central bathing area.

(a) Doors to toilet rooms shall comply with ~~ADAAG~~ ADA/ABA-AG. The doors shall permit access from the outside in case of an emergency.

(b) A handwashing fixture shall be provided for each toilet in each toilet room.

(c) At least one patient toilet room in each nursing unit shall contain a shower or tub in addition to the toilet and lavatory. Fixtures shall be wheel chair accessible.

(7) There shall be at least one seclusion room for each 24 beds, or a fraction thereof, located for direct nursing staff supervision or equipped with a closed circuit television system with a monitor at the nursing station.

(a) Each seclusion room shall be designed for occupancy by one patient. The room shall have an area of at least 60 square feet and shall be constructed to prevent patient hiding, escape, injury, or suicide.

(b) If a facility has more than one nursing unit, the number of seclusion rooms shall be a function of the total number of beds in the facility.

(c) Seclusion rooms may be grouped in a common area.

(d) Special fixtures and hardware for electrical circuits shall be used to provide safety for the occupant.

(e) Doors shall be 44 inches wide and shall permit staff observation of the patient while providing patient privacy.

(f) Seclusion rooms shall be accessed through an anteroom or vestibule which also provides direct access to toilet rooms. The toilet and anteroom shall be large enough to safely manage the patient.

(g) Seclusion rooms including floor, walls, ceiling, and all openings, shall be protected with not less than one-hour-rated construction.

#### **R432-8-6. Additional Specific Category Requirements.**

(1) Dining, Recreation and Day Space. The facility layout shall include a minimum total inpatient space for dining, recreation, and day use computed on the basis of 30 square feet per bed ~~for all beds in excess of 100~~.

(a) The facility shall include a minimum of 200 square feet for outpatients and visitors when dining is part of a day ~~care~~ treatment program.

(b) If dining is not part of a day ~~care~~ treatment program, the facility shall provide a minimum of 100 square feet of additional outpatient day space.

(c) Enclosed storage space for recreation equipment and supplies shall be provided in addition to the requirements of day use.

(2) Recreation and Group Therapy Space. At least two separate social areas, one designed for noisy activities and one designed for quiet activities, shall be provided as follows:

(a) At least 120 square feet shall be provided for each area.

(b) The combined area of the two areas shall be at least 40 square feet per patient.

(c) Activity areas may be utilized for dining activities and may serve more than one adult nursing unit.

(d) Activity areas shall be provided for pediatric and adolescent nursing units which are separate from adult areas.

(e) Space for group therapy shall be provided and activity spaces may be used for group therapy activities.

(3) Examination and treatment rooms shall be provided except when all patient rooms are single-bed rooms.

(a) An examination and treatment room may be shared by multiple nursing units.

(b) If provided, the room shall have a minimum floor area of 110 square feet, excluding space for vestibules, toilet, closets, and work counters, whether fixed or movable.

(c) The minimum allowable floor dimension shall be ten feet.

(d) The room shall contain a lavatory or sink equipped for handwashing, work counter, storage facilities, and a desk, counter, or shelf space for writing.

(4) A consultation room shall be provided.

(a) Rooms shall have a minimum floor space of 100 square feet, and be provided at a room-to-bed ratio of one consultation room for each 12 beds.

(b) They shall be designed for acoustical and visual privacy and constructed using wall construction assemblies with a minimum STC rating of 50.

(c) They shall provide appropriate space for evaluation of patient needs and progress, including work areas for evaluators and work space for patients.

(5) A multipurpose room for staff and patient conferences, education, demonstrations, and consultation, shall be provided.

(a) It shall be separate from required activity areas defined in R432-8-6(2).

(b) If provided in the administration area, it may be utilized for this requirement if it is conveniently accessible from a patient-use corridor.

(6) If child education is provided through facility-based programs, a room shall be provided in the adolescent unit for this purpose. The room shall contain at least 20 square feet per pediatric and adolescent bed, but not less than 250 square feet. Multiple use rooms may be used, but must be available for educational programs on a first priority basis.

(7) Pediatric and adolescent nursing units shall be physically separated from adult nursing units and examination and treatment rooms. In addition to the [service]-requirements of R432-8-[7]6(1) through (5), individual rooms or a multipurpose room shall be provided for dining, education, and recreation. Insulation, isolation, and structural provisions shall minimize the transmission of impact noise through the floor, walls, or ceiling of these

multipurpose rooms. Service rooms may be shared by more than one pediatric or adolescent nursing unit, but shall not be shared with adult nursing units.

(a) A patient toilet room, in addition to those serving bed areas, shall be conveniently accessible from multipurpose rooms.

(b) Storage closets or cabinets for toys, educational, and recreational equipment shall be provided.

#### **R432-8-7. Exclusions From the Standard.**

The following sections of the Guidelines do not apply:

~~[(1) Parking, Section 7.1.D, Subsection 7.2.A.4, and 7.2.A.~~

~~(2) Infectious Isolation Rooms, Section 7.2.e.~~

~~(3) Protective Isolation Rooms, Section 7.2.D.~~

~~(4) Seclusion Rooms, Section 7.2.E.~~

~~(5) Critical Care Units, Section 7.3.~~

~~(6) Newborn Nurseries, Section 7.4.~~

~~(7) Pediatric and Adolescent Unit, Section 7.5.~~

~~(8) Psychiatric Nursing Unit, Section 7.6.~~

~~(9) Surgical Suite, Section 7.7.~~

~~(10) Obstetrical Suite, Section 7.8.~~

~~(11) Emergency Services, Section 7.9.~~

~~(12) Imaging Suite, Section 7.10.~~

~~(13) Nuclear Medicine, Section 7.11.~~

~~(14) Laboratory Services, Section 7.12.~~

~~(15) Renal Dialysis Unit, Section 7.14.~~

~~(16) Rehabilitation Therapy Department, Section 7.13.~~

~~(17) Respiratory Therapy Services, Section 7.15.~~

~~(18) Morgue, Section 7.16.~~

~~(19) Pharmacy, Section 7.17.~~

~~(20) (1) Linen Services, Section [7-23]2.5-5.2.~~

#### **R432-8-8. Penalties.**

The Department may assess a civil money penalty of up to \$10,000 and deny approval for patient utilization of new or remodeled areas if a health care provider does not submit architectural drawings to the Bureau of Licensing. The Department may assess a civil money penalty of up to \$10,000 if the licensee fails to follow approved architectural plans. The Department may assess a civil money penalty of up to \$1,000 per day for each day a new or renovated area is occupied prior to licensing agency approval.

#### **KEY: health care facilities**

**Date of Enactment or Last Substantive Amendment:** ~~February 4, 2010~~ 2012

**Notice of Continuation:** November 24, 2009

**Authorizing, and Implemented or Interpreted Law:** 26-21-5; 26-21-2.1; 26-21-20

## Health, Family Health and Preparedness, Licensing **R432-9** Specialty Hospital - Rehabilitation Construction Rule

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 35464

FILED: 11/18/2011

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** In Section R432-9-4, coordinates with the revised title of federal accessibility standards. In Section R432-9-5, updates a referenced standard that is out of date and out of print. In Section R432-9-6, coordinates with reformatting and renumbering of a referenced standard. These changes have been vetted in two meetings with providers and interested parties and have been approved by the Health Facilities Committee.

**SUMMARY OF THE RULE OR CHANGE:** In Section R432-9-4, changes the title of the federal accessibility standard to match the revised federal title. In Section R432-9-5, updates the adopted reference from the 2001 Guidelines for Design and Construction of Hospital and HealthCare Facilities to the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities. In Section R432-9-6, coordinates with reformatting of a referenced standard.

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 26, Chapter 21

**MATERIALS INCORPORATED BY REFERENCES:**

- ◆ Updates Guidelines for Design and Construction of Health Care Facilities, published by ASHE (American Society of Healthcare Engineering), 2010 edition

**ANTICIPATED COST OR SAVINGS TO:**

- ◆ **THE STATE BUDGET:** The cost of purchasing the new referenced standard and the cost of printing and distribution of the revised rule is covered in Rule R432-4, General Construction, which is being amended concurrent with this rule. No other costs are expected. (DAR NOTE: The proposed amendment to Rule R432-4 is under DAR No. 35459 in this issue, December 15, 2011, of the Bulletin.)
- ◆ **LOCAL GOVERNMENTS:** The rule change has no impact on local government because these standards are enforced at the state level.
- ◆ **SMALL BUSINESSES:** Architects and engineers that design new or replacement rehabilitation specialty hospitals buildings will have the cost of purchasing the new standards. The cost of the new standards is \$168.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Rehabilitation Specialty Hospitals that build new buildings or remodel existing facilities will have the cost of purchasing the new referenced standards. The cost of the new referenced standards is \$168. There is one Rehabilitation Specialty Hospital in Utah. Assuming that rehabilitation specialty hospital purchases a copy of the updated standards the aggregate cost to business is \$168.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** The cost to Rehabilitation Specialty Hospitals constructing or remodeling buildings and architects and engineers designing them for the purchase of the new referenced standard is \$168. The rule change will not increase compliance costs for providers.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** This rule has been extensively discussed with the regulated businesses and they appear to concur that updating the rule to adopt updated federal accessibility standards and the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities is appropriate. Public comment received will be carefully evaluated for any unforeseen fiscal impact.

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

HEALTH  
FAMILY HEALTH AND PREPAREDNESS,  
LICENSING  
CANNON HEALTH BLDG  
288 N 1460 W  
SALT LAKE CITY, UT 84116-3231  
or at the Division of Administrative Rules.

**DIRECT QUESTIONS REGARDING THIS RULE TO:**

- ◆ Andrew Baxter by phone at 801-538-6140, by FAX at 801-538-6325, or by Internet E-mail at [andrewbaxter@utah.gov](mailto:andrewbaxter@utah.gov)
- ◆ Joel Hoffman by phone at 801-538-6279, by FAX at 801-538-6024, or by Internet E-mail at [jhoffman@utah.gov](mailto:jhoffman@utah.gov)

**INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012**

**THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012**

**AUTHORIZED BY:** David Patton, PhD, Executive Director

**R432. Health, Family Health and Preparedness, Licensing.  
R432-9. Specialty Hospital - Rehabilitation Construction Rule.  
R432-9-1. Legal Authority.**

This rule is adopted pursuant to Title 26, Chapter 21.

**R432-9-2. Purpose.**

The purpose of this rule is to promote the public health and welfare through the establishment of construction standards for rehabilitation hospitals.

**R432-9-3. General Design Requirements.**

R432-4-1 through 22 apply to this rule.

**R432-9-4. General Construction Ancillary Support Facilities.**

R432-4-23 applies with the following modifications:

- (1) Corridors in patient use areas shall be a minimum eight feet wide.



(2) Handrails shall comply with the Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines and located on both sides of hallways and corridors used by patients.

(a) The top of the rail shall be 34-38 inches above the floor, except for areas serving children and other special care areas.

(b) Ends of handrails and grab bars shall be constructed to prevent persons from snagging their clothes.

(3) Standards for the Disabled. All fixtures in all toilet and bath rooms, except those in the activities for daily living unit, shall be wheelchair accessible with wheelchair turning space within the room.

(4) Plumbing.

(a) Oxygen and suction systems shall be installed to serve 25 percent of all patient beds.

(b) Installation shall be in accordance with R432-4 and NFPA 99.

(c) Systems serving additional patient beds are optional.

(5) Emergency Electrical Service.

(a) An on-site emergency generator shall be provided.

(b) The following services shall be connected to the emergency generator:

(i) life safety branch, as defined in section 517-32 of the National Electric Code NFPA 70;

(ii) critical branch, as defined in 517-33 of the National Electrical Code NFPA 70;

(iii) equipment system, as defined in section 517-34 of the National Electric Code NFPA 70;

(iv) telephone;

(v) nurse call;

(vi) heating equipment necessary to provide adequate heated space to house all patients under emergency conditions;

(vii) one duplex convenience outlet in each patient room;

(viii) one duplex convenience outlet at each nurse station;

(ix) duplex convenience outlets in the emergency heated area at a ratio of one for each ten patients.

#### **R432-9-5. General Construction, Patient Facilities.**

(1) The requirements of R432-4-24 and the requirements of Sections ~~[10-Rehabilitation Facilities and the Appendix]~~ 2.1 and 2.6 of Guidelines for Design and Construction of ~~[Hospital and]~~ Health Care Facilities (Guidelines) ~~[2004]~~ 2010 edition shall be met except as modified in this rule. Where a modification is cited, the modification supersedes conflicting requirements of R432-4-24 and the Guidelines.

(2) ~~[Vocational Services Unit]~~ Other Required Units, Guidelines section ~~[10-5]2.6-3.2~~ is modified to allow psychological services, social services, and vocational services to share the same office space when the licensee provides evidence in the functional program that the needs of the population served are met in the proposed space arrangement.

(3) Rehabilitation Nursing Unit, Section ~~[10-15]2.6-2.2~~ is modified as follows:

(a) Fixtures in patient rooms shall be wheelchair accessible.

(b) Patient rooms shall contain space for wheelchair storage separate from normal traffic flow areas.

(c) Toilet room doors shall swing out from the toilet room or shall be double acting.

(d) Patient rooms shall provide each patient a wardrobe, closet, or locker, having minimum clear dimensions of 22 inches by 36 inches, suitable for hanging full-length garments. A clothes rod and adjustable shelf shall be provided.

(4) A clean workroom or clean holding room shall be provided for preparing patient care items which shall contain a counter, handwashing facilities, and storage facilities. The work counter and handwashing facilities may be omitted in rooms used only for storage and holding, as part of a larger system for distribution of clean and sterile supply materials.

(5) A soiled workroom shall be provided containing a clinical sink, a sink equipped for handwashing, a work counter, waste receptacles, and a linen receptacle. The work counter and handwashing facilities may be omitted in rooms used only for storage and holding.

(6) In addition to Guideline Section ~~[10-15-B1]~~ 2.6-2.2.6.6, the medicine preparation room or unit shall be under visual control of the nursing staff and have the following:

(a) a minimum area of 50 square feet,

(b) a locking mechanism to prohibit unauthorized access.

(7) Each nursing unit shall have equipment to provide ice for patient treatment and nourishment.

(a) Ice-making equipment may be located in the clean workroom or at the nourishment station if access is controlled by staff.

(b) Ice intended for human consumption shall be dispensed by self-dispensing ice makers.

(8) Yard equipment and supply storage areas shall be located so that equipment may be moved directly to the exterior without passing through building rooms or corridors.

#### **R432-9-6. Exclusions from the Guidelines.**

The following sections of the Guidelines do not apply:

~~[(1) Waste Processing Services, Subsection 10-11C;~~

~~—(2)](1) Linen services, Section [10-12]2.6-5.2.~~

~~[(3)](2) Patient [Rooms]Storage section [10-15A-7]2.6-2.2.2.8(2).~~

#### **R432-9-7. Penalties.**

The Department may assess a civil money penalty of up to \$10,000 and deny approval for patient utilization of new or remodeled areas if a health care provider does not submit architectural drawings to the Bureau of Licensing. The Department may assess a civil money penalty of up to \$10,000 if the licensee fails to follow Department-approved architectural plans. The Department may assess a civil money penalty of up to \$1,000 per day for each day a new or renovated area is occupied prior to licensing agency approval.

#### **KEY: health care facilities**

**Date of Enactment or Last Substantive Amendment:** ~~[February 4, 2010]~~ 2012

**Notice of Continuation:** November 24, 2009

**Authorizing, and Implemented or Interpreted Law:** 26-21-5; 26-21-2.1; 26-21-20

Health, Family Health and  
Preparedness, Licensing  
**R432-10**

Specialty Hospital – Long-Term Acute  
Care Construction Rule

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 35465

FILED: 11/18/2011

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** In Section R432-10-4, coordinates with the revised title of federal accessibility standards. Updates a referenced standard that is out of date and out of print. In Section R432-10-5, coordinate with the revised title of federal accessibility standards. In Section R432-10-6, eliminates requirements that are covered in other rules or in the adopted referenced standard. In Section R432-10-7, coordinates with the reformatted referenced standards. These changes have been vetted in two meetings with providers and interested parties and have been approved by the Health Facilities Committee.

**SUMMARY OF THE RULE OR CHANGE:** In Section R432-10-4, changes the title of the federal accessibility standard to match the revised federal title. Updates the adopted reference from the 2001 Guidelines for Design and Construction of Hospital and HealthCare Facilities to the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities. Changes the reference from General Hospital and Nursing Facility standards to Rehabilitation Hospital standards. In Section R432-10-5, requires patient rooms to have windows to the outside that are operable and eliminates requirements that are covered elsewhere. In Section R432-10-6, eliminates requirements that are covered elsewhere. Updates the referenced lighting standard from a 1996 edition to a 2006 edition. In Section R432-10-7, coordinates with reformatting of a referenced standard.

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 26, Chapter 21

**MATERIALS INCORPORATED BY REFERENCES:**

- ◆ Updates Guidelines for Design and Construction of Health Care Facilities, published by ASHE (American Society of Healthcare Engineering), 2010 edition

**ANTICIPATED COST OR SAVINGS TO:**

◆ **THE STATE BUDGET:** The cost of purchasing the new referenced standard and the cost of printing and distribution of the revised rule is covered in Rule R432-4, General Construction, which is being amended concurrent with this rule. No other costs are expected. (DAR NOTE: The

proposed amendment to Rule R432-4 is under DAR No. 35459 in this issue, December 15, 2011, of the Bulletin.)

◆ **LOCAL GOVERNMENTS:** The rule change has no impact on local government because these standards are enforced at the state level.

◆ **SMALL BUSINESSES:** Architects and engineers that design new or replacement rehabilitation specialty hospitals buildings will have the cost of purchasing the new standards. The cost of the two new standards is \$228.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Long-Term Acute Care Specialty Hospitals that build new buildings or remodel existing facilities will have the cost of purchasing the new referenced standards. The cost of the new referenced standards is \$228. There are three Long-Term Acute Care Specialty Hospitals in Utah. Assuming that each Long-Term Acute Care Specialty Hospital purchases a copy of the updated standards the aggregate cost to business is \$684.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** The cost to Rehabilitation Specialty Hospitals constructing or remodeling buildings and architects and engineers designing them for the purchase of the new referenced standard is \$228. The rule change will not increase compliance costs for providers.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** This rule has been extensively discussed with the regulated businesses and they appear to concur that updating the rule to adopt updated federal accessibility standards and the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities is appropriate. Public comment received will be carefully evaluated for any unforeseen fiscal impact.

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

HEALTH  
FAMILY HEALTH AND PREPAREDNESS,  
LICENSING  
CANNON HEALTH BLDG  
288 N 1460 W  
SALT LAKE CITY, UT 84116-3231  
or at the Division of Administrative Rules.

**DIRECT QUESTIONS REGARDING THIS RULE TO:**

- ◆ Andrew Baxter by phone at 801-538-6140, by FAX at 801-538-6325, or by Internet E-mail at [andrewbaxter@utah.gov](mailto:andrewbaxter@utah.gov)
- ◆ Joel Hoffman by phone at 801-538-6279, by FAX at 801-538-6024, or by Internet E-mail at [jhoffman@utah.gov](mailto:jhoffman@utah.gov)

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**THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012**

AUTHORIZED BY: David Patton, PhD, Executive Director

**R432. Health, Family Health and Preparedness, Licensing.**  
**R432-10. Specialty Hospital - Long-Term Acute Care Construction Rule.**

**R432-10-1. Legal Authority.**

This rule is adopted pursuant to Title 26, Chapter 21.

**R432-10-2. Purpose.**

The purpose of this rule is to establish construction standards for hospitals that provide services for the diagnosis, treatment or care of persons needing medical services and care in excess of services usually provided in a general acute hospital or skilled nursing home for chronic or long-term illness, injury or infirmity.

**R432-10-3. General Design Requirements.**

(1) Refer to R432-4-1 through R432-4-23.

(2) All fixtures in public and resident toilet and bathrooms shall be wheelchair accessible with wheelchair turning space within the room.

**R432-10-4. General Construction, Patient Facilities.**

(1) The requirements of R432-4-24 and the requirements of Sections ~~[7 and 8 including the Appendix]~~ 2.1 and 2.6 of the Guidelines for Design and Construction of ~~[Hospital and]~~ Health Care Facilities ~~[2004]~~ 2010 edition (Guidelines) shall be met. Where a modification is cited, the modification supersedes conflicting requirements of the Guidelines.

(2) The maximum number of beds on each nursing unit shall be 60.

(a) The minimum number of beds in a nursing unit shall be four.

(b) Rooms and spaces comprising the nursing unit shall be contiguous.

(3) At least two single-bed rooms, with a private toilet room containing a toilet, lavatory, and bathing facility, shall be provided for each nursing unit.

(a) The minimum patient room area shall be 120 feet.

(b) In addition to the lavatory in the toilet room, in new construction a lavatory or handwashing sink shall be provided in the patient room.

(c) Ventilation shall be in accordance with Part 6, Table [8-1]7-1 of Guidelines with all air exhausted to the outside.

(4) The nurses' station shall have handwashing facilities located near the nurses' station and the drug distribution station. The nurses' toilet room, located in the unit, may also serve as a public toilet room.

(5) A nurse call system is not required in facilities that care for developmentally disabled or mentally retarded persons. With the prior approval of the Department, facilities which serve patients who pose a danger to themselves or others may modify the system to alleviate hazards to patients.

(6) Patient rooms shall include a wardrobe, closet, or locker having minimum clear dimensions of 22 inches deep by 36 inches wide, suitable for hanging full length garments.

(7) A clean workroom or clean holding room with a minimum area of 80 square feet for preparing patient care items

which shall contain a counter, handwashing facilities, and storage facilities.

(a) The work counter and handwashing facilities may be omitted in rooms used only for storage and holding, as part of a larger system for distribution of clean and sterile supply materials.

~~[(b)](8)~~ A soiled workroom with a minimum area of 80 square feet which shall contain a clinical sink, a sink equipped for handwashing, a work counter, waste receptacles and a linen receptacle.

~~[(e)](a)~~ Handwashing sinks and work counters may be omitted in rooms used only for temporary holding of soiled, bagged materials.

~~[(8)](9)~~ If a medication dispensing unit is used it shall be under visual control of staff, including double locked storage for controlled drugs.

~~[(9)](10)~~ Clean Linen Storage.

(a) If a closed cart system is used it shall be stored in a room with a self closing door.

(b) Storage of a closed cart in an alcove in a corridor is prohibited.

~~[(40)](11)~~ Each nursing unit shall have equipment to provide ice for patient treatment and nourishment.

(a) Ice making equipment may be located in the clean workroom or at the nourishment station if access is controlled by staff.

(b) Ice intended for human consumption shall be dispensed by self-dispensing ice makers.

~~[(11)](12)~~ At least one room for toilet training, accessible from the nursing corridor, shall be provided on each floor containing a nursing unit.

(a) All fixtures in this room shall comply with the Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (ADA/ABA-AG).

(b) A toilet room, with direct access from the bathing area, shall be provided at each central bathing area.

(c) Doors to toilet rooms shall comply with ~~[ADAAG]~~ ADA/ABA-AG. The doors shall permit access from the outside in case of an emergency.

(d) A handwashing fixture shall be provided for each toilet in each toilet room.

~~[(12)](13)~~ Storage. There shall be an equipment storage room with a minimum area of 120 square feet for portable storage.

~~[(13)](14)~~ Resident Support Areas Shall Include the Following:

(a) Occupational Therapy may be counted in the required space of Guidelines section ~~[8-3, Resident Support Area]~~ 2.6-2.3 Patient Living Areas.

(b) Physical Therapy, personal care room and public waiting lobbies may not be included in the calculation of space of Guidelines section ~~[8-3, Resident Support Area]~~ 2.6-2.3 Patient Living Areas.

(c) Storage space for recreation equipment and supplies shall be provided and secured for safety.

(d) There shall be a general purpose room with a minimum area of 100 square feet equipped with table, and comfortable chairs.

(e) A minimum area of ten square feet per bed shall be provided for outdoor recreation. Recreation areas shall be enclosed by a secure fence.

~~[(14)]~~(15) An examination and treatment Room shall be provided except when all patient rooms are single-bed rooms.

(a) The examination and treatment room may be shared by multiple nursing units.

(b) The room shall have a minimum floor area of 100 square feet, excluding space for vestibules, toilet, closets, and work counters, whether fixed or movable.

(c) The minimum allowable room dimension shall be ten feet.

(d) The room shall contain a lavatory or sink equipped for handwashing; work counter; storage facilities; and desk, counter, or shelf space for writing.

~~[(15)]~~(16) A room shall be arranged to permit evaluation of patient needs and progress.

(a) The room shall include a desk and work area for the evaluators, writing and work space for patients, and storage for supplies.

(b) If psychological services are provided, then the unit shall contain an office and work space for testing, evaluation, and counseling.

(c) If social services are provided, then the unit shall contain office space for private interviewing and counseling.

(d) If vocational services are provided, then the unit shall contain office and work space for vocational training, counseling, and placement.

(e) Evaluation, psychological services, social services, and vocational services may share the same office space when the owner provides evidence in the functional program that the needs of the population served are met in the proposed space arrangement.

~~[(16)]~~(17) Pediatric and Adolescent Unit.

(a) Pediatric and adolescent nursing units shall comply with the spatial standards in section ~~[7-5]~~2.2-2.13 of the Guidelines.

(b) There shall be an area for hygiene, toileting, sleeping, and personal care for parents if the program allows parents to remain with young children.

(c) Service areas in the pediatric and adolescent nursing unit shall conform to the standards of section ~~[7-5-C]~~2.2-2.13.6 of the Guidelines and the following:

(i) Multipurpose or individual rooms shall be provided in the nursing unit for dining, education, and recreation.

(ii) A minimum of 20 square feet per bed shall be provided.

(iii) ~~[Installation]~~Insulation, isolation and structural provisions shall minimize the transmission of impact noise through the floor, walls, or ceiling of multipurpose rooms.

(iv) Service rooms may be shared by more than one pediatric or adolescent nursing unit, but may not be shared with adult patient units.

(v) A patient toilet room, in addition to those serving bed areas, shall be conveniently located to each multipurpose room and to each central bathing facility.

(vi) Storage closets or cabinets for toys, educational, and recreational equipment shall be provided.

(d) At least one single-bed isolation room shall be provided in each pediatric unit. Each isolation room shall comply with the following:

(i) Room entry shall be through an adjacent work area which provides for aseptic control, including facilities separate from patient areas for handwashing, gowning, and storage of clean and

soiled materials. The work area entry may be a separate, enclosed anteroom.

(ii) A separate, enclosed anteroom for an isolation room is not required but, when provided, shall include a viewing panel for staff observation of the patient from the anteroom.

(iii) One anteroom may serve several isolation rooms.

(iv) Toilet, bathing, and handwashing facilities shall be arranged to permit access from the bed area without entering or passing through the work area of the vestibule or anteroom.

(17) Rehabilitation therapy, Physical Therapy and Occupational Therapy areas shall include:

(a) Waiting areas to accommodate patients in wheelchairs, including room for turning wheelchairs.

(b) Storage space, with separate storage rooms for clean and soiled linen.

#### **R432-10-5. General Construction.**

(1) Yard equipment and supply storage areas shall be located so that equipment may be moved directly to the exterior without passing through building rooms or corridors.

(2) Grab bars and handrails shall comply with ~~[ADAAG]~~ADA/ABA-AG and shall be installed in all toilet rooms.

(a) Handrails shall be provided on both sides of corridors used by patients.

(b) The top of the rail shall be 32 inches above the floor, except for special care areas.

(c) Ends of the handrails and grab bars shall be constructed to prevent persons from snagging their clothes.

~~[Sound control shall be maintained as referred to in Table 1 in R432-5-12(5).~~

~~[(4)]~~(3) Cubicle curtains and draperies shall be affixed to permanently mounted tracks or rods. Portable curtains or visual barriers may not be used.

~~[(5)]~~(4) Signs. The following signs shall comply with ~~[ANSI A117.1]~~ADA/ABA-AG and be located in corridors:

(a) general circulation direction signs in corridors.

(b) identification sign or number at each door.

(c) emergency evacuation directional signs.

~~[(3)]~~(2) At least one window in each patient sleeping room shall open to the exterior and shall be operable.

#### **R432-10-6. Construction Features.**

(1) Mechanical tests shall be conducted prior to the final Department construction inspection. Written test results shall be retained in facility maintenance files and available for Department review.

~~[(2)]~~(2) ~~Any insulation containing any asbestos is prohibited.~~

~~[(3)]~~(2) The heating system shall be capable of maintaining temperatures of 80 degrees F. in areas occupied by patients.

(a) The cooling system shall be capable of maintaining temperatures of 72 degrees F. in areas occupied by patients.

(b) Furnace and boiler rooms shall be provided with sufficient outdoor air to maintain equipment combustion rates and to limit work station temperatures to a temperature not to exceed 90 degrees F. When ambient outside air temperature is higher, maximum temperature may be 97 degrees F.

(c) A relative humidity between 30 percent and 60 percent shall be provided in all patient areas.

~~[(d)]~~ Evaporative coolers may only be used in kitchen hood systems that provide 100% outside air.

~~[(e)]~~ Isolation rooms may be ventilated by reheat induction units in which only the primary air supplied from a central system passes through the reheat unit. No air from the isolation room may be recirculated into the building system.

~~[(f)]~~ Supply and return systems shall be ducted. Common returns using corridors or attic spaces as return plenums are prohibited.

~~[(g)]~~~~(d)~~ The bottom of ventilation supply and return opening shall be at least three inches above the floor.

~~[(4)]~~ Filtration shall be provided when mechanically circulated outside air is used see section 8.31.D5, of the Guidelines. All areas for inpatient care, treatment, or diagnosis, and those areas providing direct service or clean supplies shall have a minimum of one filter bed with an efficiency of 80.

~~[(5)]~~ Fans and dampers shall be interconnected so that activation of dampers will automatically shut down fans.

~~[(a)]~~ Smoke dampers shall be equipped with remote control reset devices.

~~[(b)]~~ Manual reopening is permitted where dampers are located for convenient access.

~~[(6)]~~~~(3)~~ All hoods over cooking ranges shall be equipped with grease filters, fire extinguishing systems, and heat actuated fan controls. Cleanout openings shall be provided every 20 feet in horizontal sections of the duct systems serving these hoods.

~~[(7)]~~ Gravity exhaust may be used, where conditions permit, for boiler rooms, central storage, and other non-patient areas.

~~[(8)]~~ Handwashing facilities shall comply with section 8.11.E1 of the Guidelines and include the following:

~~[(a)]~~ Handwashing facilities shall be arranged to provide sufficient clearance for single-lever operating handles.

~~[(b)]~~ Handwashing facilities shall be installed to permit use by persons in wheelchairs.

~~[(c)]~~ Fixtures in patient use areas shall be equipped with cross or tee handles or single-lever operating handles.

~~[(9)]~~ Dishwashers, disposers and appliances shall be National Sanitation Foundation, NSF, approved and have the NSF seal affixed.

~~[(10)]~~~~(4)~~ Kitchen grease traps shall be located and arranged to permit easy access without the need to enter the food preparation or storage area.

~~[(11)]~~~~(5)~~ Hot water systems. Hot water provided in patient tubs, showers, whirlpools, and handwashing facilities shall be regulated by thermostatically controlled automatic mixing valves. Mixing valves may be installed on the recirculating system or on individual inlets to appliances.

~~[(12)]~~~~(6)~~ Drainage Systems. Building sewers shall discharge into community sewerage except, where such a system is not available, the facility shall treat its sewage in accordance with local requirements and Department of Environmental Quality requirements.

~~[(13)]~~~~(7)~~ Piping and Valve systems. All piping and valves in all systems, except control line tubing, shall be labeled to show content of line and direction of flow. Labels shall be permanent type, either metal or paint, and shall be clearly visible to maintenance personnel.

~~[(14)]~~~~(8)~~ Oxygen and suction systems shall be installed in accordance with the requirements of a level 1 system per NFPA 99[~~section 7.31.E5 of the Guidelines~~] and Table ~~[7.5]2.1-6~~ of the Guidelines.

~~[(15)]~~~~(9)~~ Electric materials shall be new and listed as complying with standards of Underwriters Laboratories, Inc., or other equivalent nationally recognized standards. The owner shall provide written certification to the Department verifying that systems and grounding comply with NFPA 99 and NFPA 70.

~~[(16)]~~~~(10)~~ Approaches to buildings and all spaces within buildings occupied by people, machinery, or equipment shall have fixtures for lighting in accordance with ~~[at least the mid range]~~ requirements shown in Tables ~~[4A]3A~~ and ~~[4B]3B~~ of Illuminating Engineering Society of North America IESNA, publication RP-29-[95]06, Lighting for Hospitals and Health Care Facilities, [4995]2006 edition. Automatic Emergency lighting shall be provided in accordance with NFPA 99 and NFPA 101.

~~[(17)]~~~~(11)~~ Receptacles shall ~~[comply with section 8.32.A4c of the Guidelines and shall ]~~include:

(a) Each examination and work table shall have access to minimum of two duplex ~~[outlets]~~receptacles.

(b) Receptacle cover plates on electrical receptacles supplied for the emergency system shall be red.

~~[(18)]~~~~(12)~~ Emergency Electrical Service ~~[shall comply with section 7.32H of the Guidelines and ]~~shall include:

(a) An on-site emergency generator shall be provided.

(b) The following services shall be connected to the emergency generator:

(i) life safety branch, as defined in section 517-32 of the National Electric Code NFPA 70;

(ii) critical branch as defined in 517-33 of the National Electric Code NFPA 70;

(iii) equipment system, as defined in 517-34 of the National Electric Code NFPA 70;

(iv) telephone;

(v) nurse call;

(vi) heating equipment necessary to provide adequate heated space to house all patients under emergency conditions;

(vii) one duplex ~~[convenience outlet]~~receptacle in each patient room;

(viii) one duplex ~~[convenience outlet]~~receptacle at each nurse station;

(ix) duplex ~~[convenience outlets]~~receptacles in the emergency heated area at a ratio of one for each ten patients.

(c) fuel storage capacity shall permit continuous operation for 48 hours.

#### **R432-10-7. Excluded Section of the Guidelines.**

The following sections of the Guidelines do not apply:

~~[(1) Parking, Section 7.1.D.~~

~~[(2) Nursing Unit, Section 7.2.~~

~~[(3) Critical Care Unit, Section 7.3.~~

~~[(4) Newborn Nurseries, Section 7.4.~~

~~[(5) Psychiatric Nursing Unit, Section 7.6.~~

~~[(6) Surgical Suite, Section 7.7.~~

~~[(7) Obstetrical Facilities, Section 7.8.~~

~~[(8) Emergency Services, Section 7.9.~~

~~[(9) Imaging Suite, Section 7.10.~~

- ~~\_\_\_\_\_ (10) Nuclear Medicine, Section 7.11.~~
- ~~\_\_\_\_\_ (11) Morgue, Section 7.15.~~
- ~~\_\_\_\_\_ (12)(1) Linen Services, Section [7.23]2.6-5.2.~~
- ~~[\_\_\_\_\_ (13) Parking, Section 8.1.F.~~
- ~~\_\_\_\_\_ (14) Linen Services, Section 8.11.~~
- ~~\_\_\_\_\_ (15) Mechanical Standards, Section 8.31.~~
- ~~\_\_\_\_\_ (16) Electrical Standards, Section 8.32.~~
- ~~\_\_\_\_\_ (17) Bathing facilities, Section 8.2.C.11.~~
- ~~\_\_\_\_\_ (18) Clean utility rooms, Section 8.2.C5.~~
- ~~\_\_\_\_\_ (19) Soiled Utility rooms, Section 8.2.C6.~~
- ~~\_\_\_\_\_ (20) Windows, Section 8.2.B3.~~

] **R432-10-8. Penalties.**

The Department may assess a civil money penalty of up to \$10,000 and deny approval for patient utilization of new or remodeled areas if a health care provider does not submit architectural drawings to the Bureau of Licensing. The Department may assess a civil money penalty of up to \$10,000 if the licensee fails to follow Department-approved architectural plans. The Department may assess a civil money penalty of up to \$1,000 per day for each day a new or renovated area is occupied prior to licensing agency approval.

**KEY: health care facilities**

**Date of Enactment or Last Substantive Amendment:** [~~January 5, 2010~~]2012

**Notice of Continuation:** November 24, 2009

**Authorizing, and Implemented or Interpreted Law:** 26-21-5; 26-21-2.1; 26-21-20

## Health, Family Health and Preparedness, Licensing **R432-11** Orthopedic Hospital Construction

### NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 35466

FILED: 11/18/2011

### RULE ANALYSIS

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** In Section R432-11-4, coordinates with the revised title of federal accessibility standards and change in technical terms. In Section R432-11-5, updates a referenced standard that is out of date and out of print. Reduces selected requirements to reflect shorter patient stays that are typical today. In Section R432-11-6, coordinates with the reformatted referenced standard. These changes have been vetted in two meetings with providers and interested parties and have been approved by the Health Facilities Committee.

**SUMMARY OF THE RULE OR CHANGE:** In Section R432-11-4, changes the title of the federal accessibility standard to match the revised federal title. In Section R432-11-5, updates

the adopted reference from the 2001 Guidelines for Design and Construction of Hospital and HealthCare Facilities to the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities. Reduces bathing requirements to reflect shorter patient stays that are typical today. Clarifies door hardware requirements. In Section R432-11-6, coordinates with reformatting of a referenced standard.

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 26, Chapter 21

**MATERIALS INCORPORATED BY REFERENCES:**

- ◆ Updates Guidelines for Design and Construction of Health Care Facilities, published by ASHE (American Society of Healthcare Engineering), 2011 edition

**ANTICIPATED COST OR SAVINGS TO:**

- ◆ **THE STATE BUDGET:** The cost of purchasing the new referenced standard and the cost of printing and distribution of the revised rule is covered in Rule R432-4, General Construction, which is being amended concurrent with this rule. No other costs are expected. (DAR NOTE: The proposed amendment to Rule R432-4 is under DAR No. 35459 in this issue, December 15, 2011, of the Bulletin.)
- ◆ **LOCAL GOVERNMENTS:** The rule change has no impact on local government because these standards are enforced at the state level.
- ◆ **SMALL BUSINESSES:** Architects and engineers that design new or replacement rehabilitation specialty hospitals buildings will have the cost of purchasing the new standards. The cost to purchase the new standards is \$168.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Orthopedic Specialty Hospitals that build new buildings or remodel existing facilities will have the cost of purchasing the new referenced standards. The cost of the new referenced standard is \$168. There are currently two Orthopedic Specialty Hospitals in Utah. Assuming that each Orthopedic Specialty Hospital purchases a copy of the updated standard the aggregate cost to business is \$336.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** The cost to Orthopedic Specialty Hospitals constructing or remodeling buildings and architects and engineers designing them for the purchase of the new referenced standards is \$168. The rule change will not increase compliance costs for providers.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** This rule has been extensively discussed with the regulated businesses and they appear to concur that updating the rule to adopt updated federal accessibility standards and the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities is appropriate. Public comment received will be carefully evaluated for any unforeseen fiscal impact.

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

HEALTH  
FAMILY HEALTH AND PREPAREDNESS,  
LICENSING  
CANNON HEALTH BLDG  
288 N 1460 W  
SALT LAKE CITY, UT 84116-3231  
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Andrew Baxter by phone at 801-538-6140, by FAX at 801-538-6325, or by Internet E-mail at [andrewbaxter@utah.gov](mailto:andrewbaxter@utah.gov)  
◆ Joel Hoffman by phone at 801-538-6279, by FAX at 801-538-6024, or by Internet E-mail at [jhoffman@utah.gov](mailto:jhoffman@utah.gov)

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

## **R432. Health, Family Health and Preparedness, Licensing.**

### **R432-11. Orthopedic Hospital Construction.**

#### **R432-11-1. Legal Authority.**

This rule is adopted pursuant to Title 26, Chapter 21.

#### **R432-11-2. Purpose.**

The purpose of this rule is to establish construction standards for a specialty hospital for orthopedic services.

#### **R432-11-3. General Design Requirements.**

(1) See R432-4-1 through R432-4-22.

(2) All fixtures in resident toilet and bathrooms shall be wheelchair accessible with wheelchair turning space within the room.

#### **R432-11-4. General Construction.**

See R432-4-23 with the following modifications:

(1) Corridors in patient use areas shall be a minimum eight feet wide.

(2) Handrails shall be provided on both sides of corridors and hallways used by patients and meet the Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines requirements. The top of the rail shall be 34 inches above the floor except for areas serving children and other special care areas.

(3) Plumbing, including medical gas and suction systems are required.

(4) An emergency electrical service is required. An on-site emergency generator shall be provided and the following services shall be connected to the emergency generator:

(a) life safety branch, as defined in section 517-32 of the National Electric Code NFPA 70, which is adopted and incorporated by reference;

(b) critical branch as defined in 517-33 of the National Electric Code NFPA 70, which is adopted and incorporated by reference;

(c) equipment system, as defined in 517-34 of the National Electric Code NFPA 70, which is adopted and incorporated by reference;

(d) telephone;

(e) nurse call;

(f) heating equipment necessary to provide adequate heated space to house all patients under emergency conditions;

(g) one duplex [~~convenience outlet~~]receptacle in each patient room;

(h) one duplex [~~convenience outlet~~]receptacle at each nurse station;

(i) duplex [~~convenience outlets~~]receptacles in the emergency heated area at a ratio of one for each ten patients;

(j) fuel storage capacity shall permit continuous operation for at least 48 hours.

(5) If installed, fixed and mobile X-ray equipment shall comply with Articles 517 and 660 of NFPA 70, which is adopted and incorporated by reference.

#### **R432-11-5. General Construction. Patient Service Facilities.**

(1) Requirements of R432-4-24 and the requirements of Sections [~~7 including the Appendix~~]2.1 and 2.2 of Guidelines for Design and Construction of [~~Hospital and~~]Health Care Facilities, [~~2001~~]2010 edition (Guidelines) shall be met. Where a modification is cited, the modification supersedes conflicting requirements of the Guidelines.

(2) Nursing Units shall meet the following:

(a) At least two single-bed rooms, with private toilet rooms, shall be provided for each nursing unit.

(b) Minimum room areas exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules, shall be 140 square feet in single-bed rooms and 125 square feet per bed in multiple-bed rooms. The listed areas are minimum and do not prohibit larger rooms.

(3) Imaging Suites. Imaging facilities for diagnostic procedures, include the following: radiology, mammography, computerized scanning, ultrasound and other imaging techniques.

(a) Imaging facilities may be provided within the facility or through contractual arrangement with a qualified radiology service or nearby hospital.

(b) If imaging facilities are provided in-house, they shall meet the requirements for an imaging suite defined in Guidelines for Design and Construction of [~~Hospital and~~]Health Care Facilities, section [~~7-40~~]2.2-3.4.

(4) Laboratory Services.

(a) Laboratory space and equipment shall be provided in-house for testing blood counts, urinalysis, blood glucose, electrolytes, blood urea nitrogen (BUN), and for the collection, processing, and storage of specimens.

(b) In lieu of providing laboratory services in-house, contractual arrangements with a Department-approved laboratory [~~shall~~]may be provided. Even when contractual services are arranged, the facility shall maintain space and equipment to perform [~~the tests listed in R432-105-5(7)(a)]on-site rapid testing.~~

(5) Pharmacy Guidelines.

(a) The size and type of services provided in the pharmacy shall depend on the drug distribution system chosen and whether the facility proposes to provide, purchase, or share pharmacy services. A description of pharmacy services shall be provided in the functional program.

(b) There shall be a pharmacy room or suite, under the direct control of staff, which is located for convenient access and equipped with appropriate security features for controlled access.

(c) The room shall contain facilities for the dispensing, basic manufacturing, storage and administration of medications, and for handwashing.

(d) In lieu of providing pharmacy services in-house, contractual arrangements with a licensed pharmacy shall be provided. If contractual services are arranged, the facility shall maintain space and basic pharmacy equipment to prepare and dispense necessary medications in back-up or emergency situations.

(e) If additional pharmacy services are provided, facilities shall comply with requirements of Guidelines section ~~[7-17]2.2-4.2.~~

(6) Linen Services shall comply with R432-4-24~~(7)~~(8).

~~[(7) Patient bathing facilities shall be provided in each nursing unit at a ratio of one bathing facility for each eight beds not otherwise served by bathing facilities within individual patient rooms:~~

~~\_\_\_\_\_ (a) Each bathtub or shower shall be in an individual room or enclosure adequately sized to allow staff assistance and designed to provide privacy during bathing, drying, and dressing.~~

~~\_\_\_\_\_ (b) Showers in central bathing facilities shall have a floor area of at least four feet square, be curb free, and be designed for use by a wheelchair patient in accordance with ADAAG.~~

~~\_\_\_\_\_ (c) At least one island-type bathtub shall be provided in each nursing unit.~~

~~\_\_\_\_\_ (8)(7) Toilet Facilities. A toilet room, with direct access from the bathing area shall be provided at each central bathing area.~~

~~(a) Doors to toilet rooms shall [comply with ADAAG. The doors shall] be equipped with hospital privacy locks or other hardware that protects patient privacy and permits access from the outside without the use of keys or special tools in case of an emergency.~~

(b) A handwashing fixture shall be provided for each toilet in each toilet room.

(c) Fixtures shall be wheelchair accessible.

~~[(9)](8) Patient Day Spaces.~~

(a) The facility shall include a minimum total inpatient space for dining, recreation, and day use computed on the basis of 30 square feet per bed for the first 100 beds and 27 square feet per bed for all beds in excess of 100.

(b) In addition to the required space defined for inpatients, the facility shall include a minimum of 200 square feet for outpatient and visitors when dining is part of a day care program. If dining is not part of a day care program, the facility shall provide a minimum of 100 square feet of additional outpatient day space.

(c) Enclosed storage space for recreation equipment and supplies shall be provided~~[in addition to the requirements of R432-405-4].~~

~~[(10)](9) Examination and Treatment Room. An examination and treatment room shall be provided except when all patient rooms are single-bed rooms.~~

(a) An examination and treatment room may be shared by multiple nursing units.

(b) When provided, the room shall have a minimum floor area of 120 square feet, excluding space for vestibules, toilet, closets, and work counters, whether fixed or movable.

(c) The minimum floor dimension shall be ten feet.

(d) The room shall contain a lavatory or sink equipped for handwashing, work counter, storage facilities, and a desk, counter, or shelf space for writing.

~~[(11)](10) Consultation Room. A consultation room, arranged to permit an evaluation of patient needs and progress, shall be provided. The room shall include a desk and work area for the evaluators, writing and work space for patients, and storage for supplies.~~

~~[(12)](11) Surgical Unit. If surgical services are offered, facilities shall be provided in accordance with the Guidelines.~~

#### **R432-11-6. Excluded Guideline Sections.**

The following sections of the Guidelines do not apply:

~~[\_\_\_\_\_ (1) Parking, section 7.1.D.~~

~~\_\_\_\_\_ (1) Oncology Nursing Unit, Section 2.2-2.3~~

~~\_\_\_\_\_ (2) Pediatric and Adolescent Oncology Nursing Unit, Section 2.2-2.4~~

~~\_\_\_\_\_ (3) Intermediate Care Unit, Section 2.2-2.5.~~

~~[(2)](4) Critical Care Unit, Section [7-3]2.2-2.6.~~

~~\_\_\_\_\_ (5) Coronary Critical Care Unit, Section 2.2-2.7.~~

~~\_\_\_\_\_ (6) Combined Medical/Surgical Critical Care and Coronary Care Unit, Section 2.2-2.8.~~

~~\_\_\_\_\_ (7) Pediatric Critical Care Unit, Section 2.2-2.9.~~

~~[(3)](8) Newborn [Nurseries]Intensive Care Unit, Section [7-4]2.2-2.10.~~

~~[(4) Psychiatric Nursing Unit, Section 7-6.~~

~~\_\_\_\_\_ (5)](9) Obstetrical [Facilities]Unit, Section [7-8]2.2-2.11.~~

~~\_\_\_\_\_ (10) Nursery Unit, Section 2.2-2.12.~~

~~\_\_\_\_\_ (11) Pediatric and Adolescent Unit, Section 2.2-2.13.~~

~~\_\_\_\_\_ (12) Psychiatric Nursing Unit, Section 2.2-2.14.~~

~~\_\_\_\_\_ (13) In-Hospital Skilled Nursing Unit, Section 2.2-2.15.~~

~~\_\_\_\_\_ (14) Bariatric Care Unit, Section 2.2-2.16.~~

~~\_\_\_\_\_ (15) Freestanding Emergency Care Facility, Section 2.2-3.2.~~

~~\_\_\_\_\_ (16) Interventional Imaging Services, Section 2.2-3.5.~~

~~\_\_\_\_\_ (17) Nuclear Medicine Services, Section 2.2-3.6.~~

~~\_\_\_\_\_ (18) Renal Dialysis Services, Section 2.2-3.9.~~

~~\_\_\_\_\_ (19) Cancer Treatment/Infusion Therapy Service, Section 2.2-3.10.~~

~~\_\_\_\_\_ (20) Gastrointestinal Endoscopy Service, Section 2.2-3.11.~~

~~\_\_\_\_\_ (21) Hyperbaric Suite, Section 2.2-3.12.~~

~~\_\_\_\_\_ (22) Linen Services, Section 2.2-5.2.~~

~~[(6) Emergency Services, Section 7-9.~~

~~\_\_\_\_\_ (7) Nuclear Medicine, Section 7-11.~~

~~\_\_\_\_\_ (8)](23) Morgue Facilities, Section [7-16]2.2-5.7.~~

~~[\_\_\_\_\_ (9) Linen Services, Section 7-23.~~

~~]~~

#### **R432-11-7. Penalties.**

The Department may assess a civil money penalty of up to \$10,000 and deny approval for patient utilization of new or remodeled areas if a health care provider does not submit architectural drawings to the Bureau of Licensing. The Department



may assess a civil money penalty of up to \$10,000 if the licensee fails to follow Department-approved architectural plans. The Department may assess a civil money penalty of up to \$1,000 per day for each day a new or renovated area is occupied prior to licensing agency approval.

**KEY: health care facilities**

**Date of Enactment or Last Substantive Amendment:** ~~January 5, 2010~~ **2012**

**Notice of Continuation:** November 24, 2009

**Authorizing, and Implemented or Interpreted Law:** 26-21-5; 26-21-2.1; 26-21-20

**Health, Family Health and  
Preparedness, Licensing  
R432-12  
Small Health Care Facility (Four to  
Sixteen Beds) Construction Rule**

**NOTICE OF PROPOSED RULE  
(Amendment)**

DAR FILE NO.: 35467  
FILED: 11/18/2011

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** In Section R432-12-3, eliminate requirements of more acute care facilities. In Section R432-12-4, eliminates requirements that are duplicated from Rule R432-200, coordinates with the State Construction Code, State Fire Code, and the revised federal standards. In Section R432-12-7, coordinates with revised federal standards. In Section R432-12-14, coordinates with revised federal standards. In Section R432-12-23, clarification of how light levels are to be measured. In Section R432-12-24: coordinates with federal requirements and clarifies when facilities need emergency electrical generators. These changes have been vetted in two meetings with providers and interested parties and have been approved by the Health Facilities Committee.

**SUMMARY OF THE RULE OR CHANGE:** In Section R432-12-3, eliminates the reference to Section R432-4-23 which is requirements appropriate higher acuity care facilities. This will allow more residential character to small health care facilities. In Section R432-12-4, eliminates a portion of Table 1 which attempted to summarize the levels of care that are defined in another rule. Coordinates the fire sprinkler requirements of level IV facilities with the State Construction Code and changes the title of the federal accessibility standard to match the revised federal title. In Section R432-12-7, changes the title of the referenced federal accessibility standard to match the revised federal title. In Section R432-12-14, changes the title of the referenced federal accessibility

standard to match the revised federal title. In Section R432-12-23, clarifies how light levels are to be measured and requires that corridor lighting be adjustable so that lighting may be reduced at night. In Section R432-12-24, clarifies when emergency electrical generators are required.

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 26, Chapter 21

**MATERIALS INCORPORATED BY REFERENCES:**

- ◆ Updates Guidelines for Design and Construction of Health Care Facilities, published by ASHE (American Society of Healthcare Engineering), 2010 edition

**ANTICIPATED COST OR SAVINGS TO:**

- ◆ **THE STATE BUDGET:** The cost of printing and distribution of the revised rule is covered in Rule R432-4, General Construction, which is being amended concurrent with this rule. No other costs are expected. (DAR NOTE: The proposed amendment to Rule R432-4 is under DAR No. 35459 in this issue, December 15, 2011, of the Bulletin.)
- ◆ **LOCAL GOVERNMENTS:** The rule change has no impact on local government because these standards are enforced at the state level.
- ◆ **SMALL BUSINESSES:** Small Health Care Facilities that construct new buildings or remodel existing buildings will no longer need to meet the requirements of Section R432-4-23 which contains requirements appropriate for higher acuity type patients. The residential character and details in lieu of institutional character is estimated to save approximately \$1.50 per square foot. The typical 6,000 square foot small health care facility would save \$9,000. There are currently 10 licensed small health care facilities in Utah. The bureau sees about one small health care project every other year for an annual aggregate savings of \$4,500.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Some Small Health Care Facilities are owned by large corporations even though the facility itself is limited to a maximum of 16 residents by definition. Small Health Care Facilities that construct new buildings or remodel existing buildings will no longer need to meet the requirements of Section R432-4-23 which contains requirements appropriate for higher acuity type patients. The residential character and details in lieu of institutional character is estimated to save approximately \$1.50 per square foot. The typical 6,000 square foot small health care facility would save \$9,000. There are currently 10 licensed small health care facilities in Utah and the bureau sees about one small health care project every other year for an annual aggregate savings of \$4,500.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** Small Health Care Facilities that construct new buildings or remodel existing buildings will save approximately \$1.50 per square foot. The typical 6,000 square foot small health care facility would save \$9,000. Rule changes will not increase compliance costs to providers.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This rule has been extensively discussed with the regulated businesses and they appear to concur that updating the rule to adopt updated federal accessibility standards and the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities is appropriate. Public comment received will be carefully evaluated for any unforeseen fiscal impact.

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

HEALTH  
 FAMILY HEALTH AND PREPAREDNESS,  
 LICENSING  
 CANNON HEALTH BLDG  
 288 N 1460 W  
 SALT LAKE CITY, UT 84116-3231  
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Andrew Baxter by phone at 801-538-6140, by FAX at 801-538-6325, or by Internet E-mail at [andrewbaxter@utah.gov](mailto:andrewbaxter@utah.gov)
- ◆ Joel Hoffman by phone at 801-538-6279, by FAX at 801-538-6024, or by Internet E-mail at [jhoffman@utah.gov](mailto:jhoffman@utah.gov)

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

**R432. Health, Family Health and Preparedness, Licensing.**  
**R432-12. Small Health Care Facility (Four to Sixteen Beds) Construction Rule.**

**R432-12-1. Legal Authority.**

This rule is adopted pursuant to Title 26, Chapter 21.

**R432-12-2. Purpose.**

This rule defines construction standards for small health care facilities which are categorized as Level I, Level II, Level III, or Level IV according to the resident's ability or capability to exit a building unassisted in an emergency.

**R432-12-3. General Design Requirements.**

Refer to R432-4-1 through R432-4-~~23~~22.

**R432-12-4. General Construction Requirements.**

(1) Table 1 identifies the levels of care and construction requirements which apply.

TABLE 1  
 [LEVELS OF CARE AND] CONSTRUCTION REQUIREMENTS SUMMARY

	LEVEL I	LEVEL II	LEVEL III	LEVEL IV
No. residents	1[ <del>plus</del> ]-16	4-16	4-16	[ <del>6</del> ]4-16
[Types of Facilities]	SNF ICF (17-plus) Mental Health Facility	ICF/MR Home for Aging Social Rehab. Health Care Nursing Mental Health Facility	ICF/MR Correction Home Mental Health Facility	ICF/MR Mental Health Home for Aging Social Rehab.
Staff	24	24	24	24
Availability or Coverage	hours/day	hours/day	hours/day	hours/day
Licensed Nursing Hours	16-24	0-16	0-16	0-16
Type of Service				
medical nursing	yes	yes	yes	yes
dietary	yes	yes	yes	yes
social svc	yes	yes	as required	as required
phy therapy	yes	as required	as required	as required
rec therapy	yes	as required	as required	as required
other therapy	yes	as required	as required	as required]
Resident Capable of Self Preservation Unassisted	No, they are non-ambulatory non-mobile	No, they are non-ambulatory non-mobile	Yes, they are ambulatory mobile	Yes, they are ambulatory mobile
Resident Exit Ability in an Emergency	restricted, physical or disability and medical condition	restricted, physical or disability	restricted, chemical or physical restraints	not restricted
Accessible Rooms	100%	10% or 100% if Physical Rehab.	10%	10%
Construction Requirements code or regulation	NFPA 101	NFPA 101	NFPA 101	Utah Fire Prevention Board Rules R710-3; IBC R-4 occupancy

fire rating of const	1 hour	1 hour	1 hour	No requirement
sprinkler if bldg. <u>4,500 SF</u>	yes	yes	yes	<del>[consider-res-]</del> only <del>[Mobility]</del> larger than
smoke detector	yes	yes	yes	yes
manual fire alarm	yes	yes	yes	yes
above 3 systems interconnected	yes	yes	yes	no
corridor	8 feet	6 feet	5 feet	As required by IBC
resident room door width	44 inch	44 inch	36 inch	36 inch
nurse call system	yes	yes	optional	yes

(2) General Requirements.

(a) Level I facilities shall meet the Nursing Facility Construction standards in R432-5.

(b) Level II and III facilities shall meet the construction and design requirements identified in this section, unless specifically exempted.

(c) Level IV facilities shall meet the Assisted Living Facility Type I Construction standards in R432-6.

(d) Level I, II, III and IV facilities shall comply with the Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (ADA/ABA-AG).

(e) Level I, II and III facilities shall conform to the life safety code requirements of NFPA 101, Chapter 18 ~~as specified in Sections 12-1-3~~, which is adopted and incorporated by reference.

(f) Level IV facilities shall conform to the fire safety provisions of R432-710-3.

**R432-12-7. Toilet and Bathing Facilities.**

Toilet rooms and bathrooms shall be mechanically exhausted, conveniently located, and accessible to, and usable by all persons accepted for care.

(1) There shall be one toilet and washbasin on each floor for each four occupants, including staff and live-in family. A facility licensed for eight beds or more shall have distinct and separate toilet and bathing facilities for live-in family and staff.

(2) There shall be at least one bathtub or shower for each six residents.

(a) In a multi-story building there shall be at least one bathtub or shower on each floor that has resident bedrooms.

(b) Each resident shall have access to at least one bathtub and one shower.

(c) There shall be at least one shower or bathtub which opens from a corridor designed for use by resident using a wheelchair with room for staff assistance that meets ~~[ADAAG]~~ADA/ABA-AG standards.

(3) Each central shared bathroom shall have a toilet and washbasin.

(4) Toilet and bathing facilities may not open directly into food preparation areas.

(5) There shall be adequate provision for privacy and safety, including grab bars, in accordance with ~~[ADAAG]~~ADA/ABA-AG, at each toilet, tub, and shower used by residents.

(6) All toilets, showers, and tub facilities shall have walls of impermeable, cleanable, and easily sanitized surfaces.

**R432-12-14. Grab Bars and Handrails.**

(1) Grab bars shall meet the requirements of ~~[ADAAG]~~ADA/ABA-AG.

(2) In Level I and II facilities, there shall be handrails on both sides of all corridors normally used by residents. Handrail profiles shall be graspable in accordance with NFPA 101 Chapter 7, which is adopted and incorporated by reference and the Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines.

(3) Ends shall be returned to the wall or otherwise arranged to minimize potential for injury.

**R432-12-20. Ventilation.**

(1) All rooms and areas in the facility shall have provision for positive ventilation.

(a) While natural window ventilation for nonsensitive areas and resident rooms may be utilized where weather permits, mechanical ventilation shall be provided for interior areas and during periods of temperature extremes.

(b) Fans serving exhaust systems shall be located at the discharge end and shall be conveniently accessible for service.

(2) Fresh air intakes shall be located as far as possible from exhaust outlets of ventilating systems, combustion equipment stacks, plumbing vents, or from areas which may collect vehicular exhaust or other noxious fumes.

(3) Furnace rooms shall be provided with sufficient outdoor air to maintain equipment combustion rates and to limit work station temperatures to an Effective Temperature of 90 degrees F (32.5 degrees C). When the ambient outside air temperature is higher than 90 degrees F, then the maximum temperature may be 97 degrees F (36 degrees C).

(4) Exhaust hoods in food-preparation centers shall comply with R392, the Utah Department of Health Food Service Sanitation Regulations. All hoods over cooking ranges shall be equipped with grease filters.

(5) Non-resident as well as resident areas where specific requirements are not given shall be ventilated in accordance with ASHRAE Standard 62-~~[1981]~~2004, "Ventilation for Acceptable Indoor Air Quality Including Requirements for Outside Air."

(6) Air from areas with odor problems, including toilet rooms, baths, soiled linen storage and housekeeping rooms, shall be exhausted to the outside and not recirculated.

(7) In Level II facilities, fans and dampers shall be interconnected so that activation of dampers will automatically shut down all but exhaust fans.

(8) Supply and return systems shall be in duct. Common returns using corridors or attic spaces as plenums are prohibited.

**R432-12-23. Electrical Systems.**

(1) All electrical materials shall be tested and approved by Underwriters Laboratory.

(2) The electrical installations, including alarm and nurse call system, if required, shall be tested to demonstrate that equipment installation and operation is as intended and appropriate. A written record of performance tests of special electrical systems and equipment shall show compliance with applicable codes.

(3) Switchboards and Power Panels.

(a) The main switchboard shall be located in an area separate from plumbing and mechanical equipment and be accessible only to authorized persons.

(b) The switchboards shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and located in a dry, ventilated space.

(c) Overload protection devices shall operate properly in the ambient room temperatures, except for existing Level IV facilities.

(d) Panelboards serving normal lighting and appliance circuits shall be located on the same floor as the circuits they serve.

(4) Lighting. All spaces within buildings that house people, machinery, equipment, or approaches to buildings shall have fixtures for lighting. (See Table 4.)

(a) Resident rooms shall have general and night lighting.

(i) A reading light shall be provided for each resident.

(ii) Flexible light arms, if used, shall be mechanically controlled to prevent the bulb from coming in contact with bed linen.

(iii) At least one night light fixture shall be controlled at the entrance to each resident room.

(iv) All controls for lighting in resident areas shall operate quietly.

(b) Parking lots shall have fixtures for lighting to provide light at levels recommended in the ~~the~~ Illuminating Engineering Society of North America (IESN) Lighting for Parking Facilities (RP-20-1998).

(c) Lighting levels shown in Table 4 shall be used as minimum standards and do not preclude the use of higher levels that may be needed to insure the health and safety of the specific facility population served. Values in Table 4 are minimum maintained average illuminance measured at the task plane. Corridor lighting shall be adjustable so that light levels may be reduced at night and still provide a maximum brightness ratio of 1:10.

TABLE 4  
SMALL HEALTH CARE FACILITIES LIGHTING STANDARDS

Physical Plant Area	MINIMUM FOOT-CANDLES	
	Level I, II, III Facilities	Level IV Facilities
Corridors		
Day	20	15
Night	10	10
Exits	20	20
Stairways	20	20
Nursing Station		
General	30	30
Charting	75	75
Med. Prep.	75	75

Pt./Res. Room		
General	10	10
Reading/Mattress Level	30	30
Toilet area	30	30
Lounge		
General	10	10
Reading	30	30
Recreation	30	30
Dining	30	30
Laundry	30	30

~~[Based on lighting guidelines published in "Lighting for Hospitals and Health Care Facilities", Illuminating Engineering Society of North America, 1995 edition.]~~

(5) Each resident room shall have duplex grounding type receptacles as follows:

(a) one located on each side of the head of each bed;

(b) one for television, if used; and

(c) one on each other wall.

(6) Receptacles may be omitted from exterior walls where construction would make installation impractical.

(7) Duplex grounded receptacles for general use shall be installed in all corridors.

**R432-12-24. Emergency Power System.**

(1) Facilities that provide skilled nursing care or care for persons who require electrically operated life-support systems, ~~or when required by Table 1,~~ shall be equipped with an emergency power system.

(2) The following services shall be connected to the emergency generator:

~~(a) Life Safety Branch as defined in NFPA 70, section 517-32,~~

~~(b) critical branch as defined in NFPA 70, section 517-33 and~~

~~(c) Equipment systems defined ~~in~~ its in NFPA 70, section 517-34, ~~of the National Electric Code NFPA 70, which is adopted and incorporated by reference.]~~~~

(3) Power need not be provided to all building heating and ventilation equipment if it is provided to a common area sufficient in size to accommodate temporary beds on a short-term emergency basis.

(4) Automatic transfer switches shall transfer essential electrical loading to the circuits described above within 10 seconds of any interruption of normal power.

(5) The emergency generator shall be fueled with a storable fuel source such as diesel fuel, gasoline, or propane. At least 48 hours of fuel shall be available.

(6) All other facilities shall make provision for essential emergency lighting and heating during an emergency to meet the needs of residents. All emergency heating devices shall be approved by the local Fire Marshal.

**KEY: health care facilities**

**Date of Enactment or Last Substantive Amendment: ~~January 5, 2010~~ 2012**

**Notice of Continuation: November 24, 2009**

**Authorizing, and Implemented or Interpreted Law: 26-21-5**

**Health, Family Health and  
Preparedness, Licensing  
R432-13  
Freestanding Ambulatory Surgical  
Center Construction Rule**

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 35468

FILED: 11/18/2011

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** In Section R432-13-3, updates a referenced standard that is out of date and out of print. In Section R432-13-4, rennumbers to match the reformatted version of the referenced standard and elimination of a requirement that is now in the national standard. In Section R432-13-5, elimination of outdated editions of references. The referenced NFPA 70 is now adopted in the State Construction Code. In Section R432-13-7, coordinates with reformatted edition of an updated referenced standard. These changes have been vetted in two meetings with providers and interested parties and have been approved by the Health Facilities Committee.

**SUMMARY OF THE RULE OR CHANGE:** In Section R432-13-3, updates the adopted reference from the 2001 Guidelines for Design and Construction of Hospital and HealthCare Facilities to the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities. In Section R432-13-4, coordinates with a reformatted referenced standard and elimination of a requirement that is now in the referenced standard. In Section R432-13-5, eliminates reference to outdated editions of referenced standards. The referenced standard is now adopted in the State Construction Code. In Section R432-13-7, coordinates with reformatted numbers in the new edition of the referenced standard.

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 26, Chapter 21

**MATERIALS INCORPORATED BY REFERENCES:**

- ◆ Updates Guidelines for Design and Construction of Health Care Facilities, published by ASHE (American Society of Healthcare Engineering), 2010 edition

**ANTICIPATED COST OR SAVINGS TO:**

◆ **THE STATE BUDGET:** The cost of purchasing the new referenced standard and the cost of printing and distribution of the revised rule is covered in R432-4, General Construction, which is being amended concurrent with this rule. No others costs are expected. (DAR NOTE: The

proposed amendment to Rule R432-4 is under DAR No. 35459 in this issue, December 15, 2011, of the Bulletin.)

◆ **LOCAL GOVERNMENTS:** The rule change has no impact on local government because these standards are enforced at the state level.

◆ **SMALL BUSINESSES:** Small business ambulatory surgical centers that build new buildings or remodel existing facilities and the architects and engineers that design the buildings will have the cost of purchasing the new standards. The cost of the new standards is \$168. Assuming 5 small businesses purchase copies of the updated standards the aggregate cost to small business is \$840.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Ambulatory Surgical Centers that build new buildings or remodel existing facilities will have the cost of purchasing the new referenced standard. The cost of the new referenced standards is \$168. Assuming 5 Ambulatory Surgical Centers purchase copies of the updated standard the aggregate cost to business is \$840.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** The cost to ambulatory surgical center facilities constructing or remodeling buildings and architects and engineers designing them is the purchase of the new referenced standards at \$168. The rule change will not increase compliance costs for providers.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** This rule has been extensively discussed with the regulated businesses and they appear to concur that updating the rule to adopt updated federal accessibility standards and the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities is appropriate. Public comment received will be carefully evaluated for any unforeseen fiscal impact.

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

HEALTH  
FAMILY HEALTH AND PREPAREDNESS,  
LICENSING  
CANNON HEALTH BLDG  
288 N 1460 W  
SALT LAKE CITY, UT 84116-3231  
or at the Division of Administrative Rules.

**DIRECT QUESTIONS REGARDING THIS RULE TO:**

- ◆ Andrew Baxter by phone at 801-538-6140, by FAX at 801-538-6325, or by Internet E-mail at [andrewbaxter@utah.gov](mailto:andrewbaxter@utah.gov)
- ◆ Joel Hoffman by phone at 801-538-6279, by FAX at 801-538-6024, or by Internet E-mail at [jhoffman@utah.gov](mailto:jhoffman@utah.gov)

**INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012**

THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

**R432. Health, Family Health and Preparedness, Licensing.**

**R432-13. Freestanding Ambulatory Surgical Center Construction Rule.**

**R432-13-1. Legal Authority.**

This rule is adopted pursuant to Title 26, Chapter 21.

**R432-13-2. Purpose.**

The purpose of this rule is to establish construction and physical plant standards for the operation of a freestanding surgical facility that provides surgical services to patients not requiring hospitalization.

**R432-13-3. General Design Requirements.**

(1) Ambulatory Surgical Centers shall be constructed in accordance with the requirements of R432-4-1 through R432-4-23 and the requirements of the Guidelines for Design and Construction of ~~[Hospital and]~~ Health Care Facilities, Sections ~~[9-2-, 9-5]~~ 3.1 and ~~[9-9]3.7, [including the Appendix, 2001]~~ 2010 edition (Guidelines). Where a modification is cited, the modification supersedes conflicting requirements of R432-4 or the Guidelines.

(2) Ambulatory Surgical Centers shall consist of at least two Class C operating rooms, ~~[as outlined in the]~~ meeting the requirements of Guidelines section ~~[9-5-F2]3.7-3.3.4~~, and support facilities.

(3) Ambulatory Surgical Centers shall be equipped to perform general anesthesia. Flammable anesthetics may not be used in Ambulatory Surgical Centers.

(4) Ambulatory Surgical Centers ~~[which are located within a building not constructed in accordance]~~ shall comply with NFPA 101, Life Safety Code, Chapter 20~~[, shall be physically separated in accordance with requirements of the local building official having jurisdiction].~~

~~[(a)]~~(5) The facility shall have at least two exits leading directly to the exterior of the building.

~~[(b)]~~(6) Design shall preclude unrelated traffic through units or suites of the licensed facility.

**R432-13-4. General Construction, Patient Facilities.**

(1) Adequate sterile supplies shall be maintained in the facility to meet the maximum demands of one day's case load.

(2) Operating rooms for cystoscopic procedures shall comply with Section ~~[7-7-A4]2.2-3.3.2.4~~ of the Guidelines.

(3) A toilet room shall be readily accessible to recovery rooms and recovery lounge.

~~[(4)]~~ Change areas shall comply with Guidelines subsection 9.5.F5.(i) and shall be arranged to accommodate a one-way traffic pattern enabling personnel to change and directly enter the operating room corridor.

~~[(5)]~~(4) Special or additional service areas such as radiology, if required by the functional program, shall comply with the requirements of the General Hospital Rules, R432-100.

**R432-13-5. General Construction.**

(1) The administration and public areas which are not part of the Ambulatory Surgical Center exiting system, may be located outside of the institutional occupancy envelope when authorized by the local building official having jurisdiction.

(2) Cubicle curtains and draperies shall be affixed to permanently mounted tracks or rods. Portable curtains or visual barriers are not permitted.

(3) An elevator shall be provided when an ambulatory surgical center is located on a level other than at grade. The minimum inside dimensions of the cab shall be at least 5'8" wide by 8'5" deep with a minimum clear door width of 3'8".

(4) Yard equipment and supply storage areas shall be located so that equipment may be moved directly to the exterior without passing through building rooms or corridors.

(5) The facility shall provide for the sanitary storage and treatment or disposal of all categories of waste, including hazardous and infectious wastes, if applicable, using procedures established by the Utah Department of Environmental Quality and the local health department having jurisdiction.

(6) All rooms shall be mechanically ventilated.

(7) Access to medical gas supply and storage areas shall be arranged to preclude travel through clean or sterile areas. There shall be space for enough reserve gas cylinders to complete at least one routine day's procedures.

(8) An on-site emergency generator shall be provided and the following services shall be connected to the emergency generator:

(a) life safety branch as defined in 517-32 of the National Electric Code NFPA 70~~[, 1999 edition];~~

(b) critical branch as defined in 517-33 of the National Electric Code NFPA 70~~[, 1999 edition];~~

(c) equipment system as defined in 517-34 of the National Electric Code NFPA 70~~[, 1999 edition].~~

(9) There shall be sufficient fuel storage capacity to permit at least four hours continuous operation shall be provided.

(10) Lighting shall comply with R432-4-23(21)(a).

**R432-13-6. Extended Recovery Care Unit.**

(1) A facility that provides extended recovery services shall maintain a patient care area that is distinct and separate from the post-anesthesia recovery area. The patient care area shall provide the following:

(a) a room or area that ensures patient privacy, including visual privacy;

(b) a minimum of 80 square feet of space for each patient bed with at least three feet between patient beds and between the sides of patient beds and adjacent walls.

(c) a nurse call system at each patient's bed and at the toilet, shower and bathrooms, which shall transmit a visual and auditory signal to a centrally staffed location which identifies the location of the patient summoning help;

(d) a patient bathroom with a lavatory and toilet;

(e) oxygen and suction equipment;

(f) medical and personal care equipment necessary to meet patient needs.

(2) A separate food nutrition area which shall include a counter, sink, refrigerator, heating/warming oven or microwave, and sufficient storage for food items.

**R432-13-7. Exclusions to Guidelines.**

The following sections of the Guidelines do not apply to Freestanding Surgical Center construction:

~~[(1) Parking, Section 9.5.C.~~  
~~(2)(1) Waste [Processing Systems] Management Facilities, Section [9.2.G3]3.1-5.4.~~

**R432-13-8. Penalties.**

The Department may assess a civil money penalty of up to \$10,000 and deny approval for patient utilization of new or remodeled areas if a health care provider does not submit architectural drawings to the Bureau of Licensing. The Department may assess a civil money penalty of up to \$10,000 if the licensee fails to follow Department-approved architectural plans. The Department may assess a civil money penalty of up to \$1,000 per day for each day a new or renovated area is occupied prior to licensing agency approval.

**KEY: health care facilities**

**Date of Enactment or Last Substantive Amendment:** ~~January 5, 2010~~ **2012**

**Notice of Continuation:** November 24, 2009

**Authorizing, and Implemented or Interpreted Law:** 26-21-5; 26-21-16

**Health, Family Health and  
 Preparedness, Licensing  
 R432-14  
 Birthing Center Construction Rule**

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 35469

FILED: 11/18/2011

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** In Section R432-14-3, updates a referenced standard that is out of date and out of print and eliminates the possible use of buildings that do not comply with the Life Safety Code. In Section R432-14-4, rennumbers to match the reformatted version of the referenced standard and elimination of a definition that is located in another referenced rule. Coordination with the revised title of the updated federal accessibility standard. In Section R432-14-5, coordinates with reformatted edition of an updated referenced standard. These changes have been vetted in two meetings with providers and interested parties and have been approved by the Health Facilities Committee.

**SUMMARY OF THE RULE OR CHANGE:** In Section R432-14-3, updates the adopted reference from the 2001 Guidelines for Design and Construction of Hospital and Health Care Facilities to the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities. Eliminates references to buildings not complying with NFPA 101 Life Safety Code. Eliminates references to "institutional occupancy" since birthing centers are considered "ambulatory health care" under NFPA 101 and "group B ambulatory health care" occupancy under the IBC. In Section R432-14-4, eliminates a definition that is covered in Rule R432-4. Changes the title of the federal accessibility standard to match the revised federal title. Eliminates sink requirements that are covered in the adopted national standard. Clarifies that portable medical gas equipment is acceptable in lieu of fixed equipment. In Section R432-14-5, coordinates with reformatted numbers in the new edition of the referenced standard.

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 26, Chapter 21

**MATERIALS INCORPORATED BY REFERENCES:**

- ◆ Updates Guidelines for Design and Construction of Health Care Facilities, published by ASHE (American Society of Healthcare Engineering), 2010 edition

**ANTICIPATED COST OR SAVINGS TO:**

- ◆ **THE STATE BUDGET:** The cost of purchasing the new referenced standard and the cost of printing and distribution of the revised rule is covered in Rule R432-4, General Construction, which is being amended concurrent with this rule. No others costs are expected. (DAR NOTE: The proposed amendment to Rule R432-4 is under DAR No. 35459 in this issue, December 15, 2011, of the Bulletin.)
- ◆ **LOCAL GOVERNMENTS:** The rule change has no impact on local government because these standards are enforced at the state level.
- ◆ **SMALL BUSINESSES:** Small business birthing centers that build new buildings or remodel existing facilities and the architects and engineers that design the buildings will have the cost of purchasing the new standards. The cost of the new standards is \$168. There is currently only one licensed birthing center in Utah. Assuming the one birthing center purchases a copy of the updated standards the aggregate cost to small business is \$168.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** There are currently no birthing centers in Utah that are not small businesses.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** The cost to birthing centers constructing or remodeling buildings and architects and engineers designing them is the purchase of the new referenced standards at \$168. The rule change will not increase compliance costs for providers.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This rule has been extensively discussed with the regulated businesses and they appear to concur that updating the rule to adopt updated federal accessibility standards and the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities is appropriate. Public comment received will be carefully evaluated for any unforeseen fiscal impact.

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

HEALTH  
FAMILY HEALTH AND PREPAREDNESS,  
LICENSING  
CANNON HEALTH BLDG  
288 N 1460 W  
SALT LAKE CITY, UT 84116-3231  
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Andrew Baxter by phone at 801-538-6140, by FAX at 801-538-6325, or by Internet E-mail at [andrewbaxter@utah.gov](mailto:andrewbaxter@utah.gov)  
♦ Joel Hoffman by phone at 801-538-6279, by FAX at 801-538-6024, or by Internet E-mail at [jhoffman@utah.gov](mailto:jhoffman@utah.gov)

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

### **R432. Health, Family Health and Preparedness, Licensing.**

#### **R432-14. Birthing Center Construction Rule.**

##### **R432-14-1. Legal Authority.**

This rule is adopted pursuant to Title 26, Chapter 21.

##### **R432-14-2. Purpose.**

This rule provides construction and physical plant standards for birthing centers.

##### **R432-14-3. General Design Requirements.**

(1) Birthing centers shall be constructed in accordance with the requirements of R432-4-1 through R432-4-23 and the requirements of section[s 9-2 and 9-7]5.2 of the Guidelines for Design and Construction of [Hospital and] Health Care Facilities, [2001] 2010 edition [including the Appendix] (Guidelines) and are adopted and incorporated by reference.

(2) Birthing Centers shall consist of at least two, but not more than five birthing rooms.

(3) Birthing rooms and ancillary service areas shall be organized in a contiguous physical arrangement.

(4) [To qualify for licensure, regardless of size, a] Birthing Centers shall [be constructed in accordance] comply with NFPA 101, Life Safety Code, Chapter 20, New Ambulatory Health Care Occupancies.

~~[(5) Birthing Centers which are located within a building not constructed in accordance with NFPA 101, Life Safety Code, Chapter 20, shall be physically separated in accordance with requirements established by the local building official having jurisdiction and shall have at least two exits leading directly to the exterior of the building.~~

~~————(6) Administration and public areas that are not part of the Birthing Center exiting system may be located outside of the institutional occupancy envelope when authorized by the local building official having jurisdiction.~~

~~————(7)](5) A Birthing Center located contiguous with a general hospital may share radiology services, laboratory services, pharmacy services, engineering services, maintenance services, laundry services, housekeeping services, dietary services, and business functions. The owner shall retain in the Birthing Center a written agreement for the shared services.~~

##### **R432-14-4. General Construction Patient Facilities.**

(1) Requirements of section[s 9-2 and 9-7]5.2 of the Guidelines shall be met except as modified in this section.

(2) When a modification is cited, the modification supersedes conflicting requirements of the Guidelines.

~~[(3) When used in this rule, "room or office" describes a specific separate, enclosed space for the service. When "room or office" is not used, multiple services may be accommodated in one enclosed space.~~

~~————(4)](3) The facility shall be designed to allow access to service areas and common areas without compromising patient privacy.~~

~~[(5)](4) Patient rooms and service areas shall be grouped to form a physically defined service unit.~~

~~[(6)](5) Spaces shall be provided for each of the required services.~~

~~[(7)](6) Interior finishes, lighting, and furnishings shall reflect a residential rather than an institutional setting.~~

~~[(8)](7) Maximum room occupancy shall be one mother and her newborn infant or infants.~~

~~[(9)](8) Each birthing room shall have a window in accordance with R432-4-23(5). Windows with a sight line which permits observation from the exterior shall be arranged or draped to ensure patient privacy.~~

~~[(10)](9) Patient rooms shall provide each patient a wardrobe, closet, or locker, having minimum clear dimensions of 24 inches by 20 inches, suitable for hanging full-length garments. A clothes rod and adjustable shelf shall be provided.~~

~~[(11)](10) A toilet room with direct access from the birthing room shall be accessible to each birthing room.~~

(a) The toilet room shall contain a toilet, a lavatory, and a shower or tub.

(b) A toilet room may serve two patient rooms.

(c) All toilet room fixtures shall be handicapped accessible and shall have grab bars in compliance with [ADAAG]ADA/ABA-AG.

~~[(d) Each birthing room shall be equipped with a lavatory for handwashing in addition to the lavatory in the toilet room. If the lavatory is equipped with wrist blades, it may be used for scrubbing.~~

~~————(12)](11) Newborn infant resuscitation facilities, remote from facilities serving the mother, including electrical [outlets]receptacles, oxygen, and suction shall be immediately~~



available to each birthing room in addition to resuscitation equipment provided for the mother. Portable oxygen and suction equipment shall be permitted.

~~[(13)]~~(12) A separate room for storage of maintenance materials and equipment shall be provided.

(a) The room may serve as a maintenance office with storage for maintenance files, facility drawings, and operation manuals.

(b) The storage room shall be in addition to the required ~~[janitors closet]~~environmental services room.

~~[(14)]~~(13) Special surgical lighting is not required.

~~[(15)]~~(14) An examination light shall be provided in each patient room. The light, if portable, shall be immediately accessible.

~~[(16)]~~(15) An emergency electrical ~~[service is]~~system connected to an on-site emergency generator is required.

(a) Services shall be connected to the emergency generator to include:

(i) fire alarm system;

(ii) telephone;

(iii) nurse call;

(iv) one duplex ~~[convenience outlet]~~receptacle in each patient room located to allow use of a portable examination light;

(v) one duplex ~~[convenience outlet]~~receptacle at each nurse station;

(vi) heating system;

(vii) emergency lighting system.

(b) There shall be sufficient fuel storage capacity to permit at least four hours continuous operation.

**R432-14-5. Sections of the Guidelines which are Excluded.**

The following sections of the Guidelines do not apply:

~~[(1) Parking, Section 9.7A, subsection 9.7B.2., and subsection 9.7C.2.~~

~~— (2) Radiology, Section 9.2.C.~~

~~— (3) Laboratory, Section 9.2.D.~~

~~— (4) General Purpose Examination Rooms, Subsection 9.2.B1.~~

~~— (5) Special Purpose Examination Rooms, Subsection 9.2.B2.~~

~~— (6) Treatment Rooms, Subsection 9.2.B3.~~

~~— (7) Observation Rooms, Subsection 9.2.B4.~~

~~— ](1) Location, Subsection 5.2-1.3.1.1~~

~~— (2) Ventilation of Health Care Facilities, Part 6.~~

**R432-14-6. Penalties.**

The Department may assess a civil money penalty of up to \$10,000 and deny approval for patient utilization of new or remodeled areas denied if a health care provider does not submit architectural drawings to the Bureau of Licensing. The Department may assess a civil money penalty of up to \$10,000 if the licensee fails to follow Department-approved architectural plans. The Department may assess a civil money penalty of up to \$1,000 per day for each day a new or renovated area is occupied prior to licensing agency approval.

**KEY: health care facilities**

**Date of Enactment or Last Substantive Amendment:** ~~[January 5, 2010]~~**2012**

**Notice of Continuation:** November 24, 2009

**Authorizing, and Implemented or Interpreted Law:** 26-21-5; 26-21-16

**Health, Family Health and  
Preparedness, Licensing  
R432-16  
Hospice Inpatient Facility Construction**

**NOTICE OF PROPOSED RULE  
(Amendment)**

DAR FILE NO.: 35470

FILED: 11/18/2011

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** In Section R432-16-5, coordinates with the revised title of updated federal accessibility standards. In Section R432-16-7, updates a referenced standard that is out of date and out of print. In Section R432-16-13, coordinates with the revised title of updated federal accessibility standards. In Section R432-16-14, eliminates outdated requirements. In Section R432-16-15, coordinates references with changes in other rules. These changes have been vetted in two meetings with providers and interested parties and have been approved by the Health Facilities Committee.

**SUMMARY OF THE RULE OR CHANGE:** In Section R432-16-5, coordinates with federal requirements by changing the reference from the Americans with Disabilities Act Accessibility Guidelines (ADAAG) to the new federal standard titles Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (ADA/ABA-AG). In Section R432-16-7, updates the adopted reference from the 2001 Guidelines for Design and Construction of Hospital and Health Care Facilities to the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities. In Section R432-16-13, coordinates with federal requirements by changing the reference from the Americans with Disabilities Act Accessibility Guidelines (ADAAG) to the new federal standard titles Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (ADA/ABA-AG). In Section R432-16-14, eliminates the prohibition on asbestos insulation that is covered in other laws and eliminates the reference to isolation rooms. Eliminates the requirement for kitchen disposals to be NSF approved. In Section R432-16-15, eliminates the reference to NFPA 99 Health Care Facilities and changes the lighting standard from a reference in nursing facilities that has been deleted to a reference in assisted living facilities.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Title 26, Chapter 21

288 N 1460 W  
SALT LAKE CITY, UT 84116-3231  
or at the Division of Administrative Rules.

MATERIALS INCORPORATED BY REFERENCES:

- ◆ Updates Guidelines for Design and Construction of Health Care Facilities, published by ASHE (American Society of Healthcare Engineering), 2010 edition

ANTICIPATED COST OR SAVINGS TO:

- ◆ THE STATE BUDGET: The cost of purchasing the new referenced standard and the cost of printing and distribution of the revised rule is covered in Rule R432-4, General Construction, which is being amended concurrent with this rule. No others costs are expected. (DAR NOTE: The proposed amendment to Rule R432-4 is under DAR No. 35459 in this issue, December 15, 2011, of the Bulletin.)
- ◆ LOCAL GOVERNMENTS: The rule change has no impact on local government because these standards are enforced at the state level.
- ◆ SMALL BUSINESSES: Small business architects and engineers that design the buildings will have the cost of purchasing the new standards. The one inpatient hospice in Utah is not a small business. The cost of the new standards is \$168. Assuming one architect purchases a copy of the updated standards the aggregate cost to small business is \$168.
- ◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: Inpatient Hospice facilities that build new buildings or renovate existing buildings will have the cost of purchasing the new standards. The cost of the new standards is \$168. There is currently only one licensed inpatient hospice center in Utah. Assuming the one licensed inpatient hospice purchases a copy of the updated standards the aggregate cost to business is \$168.

COMPLIANCE COSTS FOR AFFECTED PERSONS: The cost to inpatient hospice centers constructing or remodeling buildings and architects and engineers designing them is the purchase of the new referenced standards at \$168. The rule change will not increase compliance costs for providers.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This rule has been extensively discussed with the regulated businesses and they appear to concur that updating the rule to adopt updated federal accessibility standards and the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities is appropriate. Public comment received will be carefully evaluated for any unforeseen fiscal impact.

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

HEALTH  
FAMILY HEALTH AND PREPAREDNESS,  
LICENSING  
CANNON HEALTH BLDG

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Andrew Baxter by phone at 801-538-6140, by FAX at 801-538-6325, or by Internet E-mail at [andrewbaxter@utah.gov](mailto:andrewbaxter@utah.gov)
- ◆ Joel Hoffman by phone at 801-538-6279, by FAX at 801-538-6024, or by Internet E-mail at [jhoffman@utah.gov](mailto:jhoffman@utah.gov)

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

**R432. Health, Family Health and Preparedness, Licensing.**

**R432-16. Hospice Inpatient Facility Construction.**

**R432-16-1. Legal Authority.**

This rule is promulgated pursuant to Title 26, Chapter 21.

**R432-16-2. Purpose.**

The purpose of this rule is to promote quality of life in a home-like setting through the establishment and enforcement of construction standards for hospice inpatient facilities.

**R432-16-3. Definitions.**

- (1) "Hospice Inpatient Facility" means a freestanding licensed hospice facility or a licensed hospice unit in an existing health care facility.
- (2) "Small Hospice Inpatient Facility" means a hospice facility capable of housing two to eight patients.
- (3) "Large Hospice Inpatient Facility" means a hospice facility capable of housing nine or more patients.

**R432-16-4. Hospice Unit.**

- (1) Each Hospice Unit is an area identified by the Licensee within a licensed health care facility and consists of at least two resident beds, resident care spaces, and service spaces.
- (2) If licensed health care facilities share spaces and service areas, as permitted in this rule, the shared spaces and service areas shall be contiguous to each health care facility served.
- (3) A hospice inpatient facility operated in conjunction with another licensed health care facility shall comply with all provisions of this section. Dietary, storage, pharmacy, maintenance, laundry, housekeeping, medical records, and laboratory functions may be shared by two or more health care facilities.
- (4) Facility service areas shall be accessible from common areas without compromising resident privacy.

**R432-16-5. General Design Requirements.**

R432-4-1 through R432-4-22 apply with the following modifications.

- (1) All public, common, and at least 10 percent of resident toilet rooms and bathrooms shall have fixtures that comply with Americans with Disabilities Act and Architectural Barriers Act

Accessibility Guidelines, [(ADAAG) 28 CFR 36, Appendix A, (July 1993)](ADA/ABA-AG).

(2) These rooms shall be wheelchair accessible with wheelchair turning space within the rooms.

(3) "Room or Office" when used in this rule describes a specific, separate, enclosed space for the service. When room or office is not used, multiple services may be accommodated in one enclosed space.

#### **R432-16-6. Administrative Areas.**

(1) There shall be space and equipment for the administrative services as follows:

(a) In large hospice inpatient facilities, an administrative office of sufficient size to store records and equipment.

(b) In small hospice inpatient facilities, an area may be designated for administrative activities and record storage.

(2) Storage shall be provided for securing staff belongings.

(3) A large hospice inpatient facility shall provide a public reception or information area.

(4) A telephone shall be provided for private use by residents and visitors.

#### **R432-16-7. Resident Rooms.**

(1) Maximum room occupancy is two residents.

(2) Minimum room areas for new construction (exclusive of toilets, closets, lockers, wardrobes, alcoves or vestibules) shall be 120 square feet in single bed rooms and 100 square feet per bed in multiple-bed room. Existing buildings or spaces being licensed as a hospice shall have a minimum of 80 square feet of clear floor area per bed in multiple-bed areas and 100 square feet of clear floor area in single-bed rooms.

(3) In multiple-bed rooms, clearance shall allow for the movement of beds and equipment without disturbing residents. The dimensions and arrangement of rooms shall be such that there is a minimum of three feet clearance at least at one side, the foot, and between another bed.

(4) A nurse call system shall be provided. Each bed shall be provided with a call device. Two call devices serving adjacent beds may be served by one calling station. Calls in a large inpatient hospice facility shall also activate a visible signal in the corridor at the resident's door.

(5) A nurse emergency call device shall be provided at each inpatient toilet, bath, and shower room. The call device shall be accessible to a collapsed resident lying on the floor. Inclusion of a pull cord will satisfy this standard. The emergency call system shall be designed so that a signal activated at a resident's calling station will initiate a visible and audible signal distinct from the regular nurse call system and can be turned off only at the resident calling station. The signal shall activate an annunciator panel at the nurse station or other location appropriate to ensure immediate nurse notification. Emergency calls in a large hospice inpatient facility shall also activate a visible signal in the corridor at the resident's door.

(6) Each resident shall have access to a toilet room without having to enter the corridor area. One toilet room shall serve not more than four beds and no more than two resident rooms. The toilet room shall contain a water closet and a lavatory. The toilet room door shall swing outward.

(7) At least one single-bed room with a private toilet room containing a toilet, lavatory, and bathing facility shall be provided for each eight beds, or fraction thereof, in a hospice facility.

(a) In addition to the lavatory in the toilet room, in new construction and remodeling, a lavatory or hand washing sink shall be provided in the patient room.

(b) Ventilation shall be in accordance with Table ~~[8-1 of Section 8]7-1 of Part 6~~ of the Guidelines for Design and Construction [and Equipment of Hospital and Medical]of Health Care Facilities, [200+]2010 edition, which is adopted and incorporated by reference.

(8) Each resident room intended for 24-hour occupancy, shall have an operable window open to the building exterior or to a court which is open to the sky.

(9) Each resident closet shall be a minimum of 22 inches deep by 36 inches wide with a shelf to store clothing and a clothes rod positioned at 70 inches to hang full length garments.

(10) Visual privacy shall be provided for each resident in multiple-bed rooms. Design for privacy shall not restrict resident access to the toilet, lavatory, or room entrance.

#### **R432-16-8. Service Requirements.**

(1) A nurse station shall be provided and have space for charting, storage, medication security, and administrative activities.

(2) Toilet room(s) with hand washing facilities for staff shall be provided and may be unisex.

(3) Hand washing facilities shall be located immediately adjacent to the nursing station and the drug distribution station.

(4) Provisions shall be made for 24-hour distribution of medications by providing a medicine preparation room or a self-contained medicine dispensing unit. If a medical cart is used it shall be under visual control of staff.

(5) A clean workroom or clean holding room shall be provided for resident care items.

(a) The clean work room shall contain a counter, hand washing facilities and storage facilities.

(b) The work counter and hand washing facilities may be omitted in rooms used only for storage and holding, as part of a larger system for distribution of clean and sterile supply materials.

(6) A soiled workroom shall be provided.

(a) The soiled workroom shall contain a clinical sink, a sink equipped for hand washing, a work counter, waste receptacles, and a linen receptacle.

(b) Hand washing sinks, clinical sinks, and work counters may be omitted in rooms used only for temporary holding of soiled, bagged material.

(c) In small hospice inpatient facilities, accommodations shall be available for cleaning and sanitizing patient service items.

(7) Clean linen shall be stored in a separate closet or room. If a closed cart is used for clean linen storage, it shall be stored in a room with a self closing door. Storage in an alcove in a corridor is prohibited. Clean linen may be stored in the clean work room or a clean holding room.

(8) Resident bathing facilities shall be provided in each hospice unit at a ratio of one bathing facility for each eight beds, or fraction thereof, not otherwise served by bathing facilities within individual resident rooms.

(a) Each resident bathtub or shower shall be in a separate room or enclosure large enough to ensure privacy and to allow staff to assist with bathing, drying, and dressing.

(b) A toilet and hand sink shall be provided at each common bathing area.

(9) An equipment storage room with a minimum area of five square feet for each licensed bed, but no less than 30 square feet, for portable equipment shall be provided.

(10) In small hospice inpatient facilities, accommodation shall be made for storage of portable equipment.

**R432-16-9. Resident Support Areas.**

(1) There shall be resident living areas equipped with tables, reading lamps, and comfortable chairs designed to be usable by all residents. The total area set aside for dining, resident lounges, and recreation area shall be at least 35 square feet per bed with a minimum total area of at least 225 square feet. At least 20 square feet per bed shall be available for dining.

(2) There shall be a general purpose room with a minimum area of 100 square feet. It shall accommodate family gatherings and shall be equipped with a table, comfortable chairs and incandescent lighting. In small hospice inpatient facilities, this room may be omitted if the required living area includes an enclosed lounge.

(3) A minimum area of ten square feet per bed shall be provided for outdoor recreation. This space shall be provided in addition to the setbacks on street frontages required by local zoning ordinances.

**R432-16-10. General Services.**

(1) Large inpatient hospice facilities shall have linen services that comply with R432-4-24(3).

(2) Small inpatient hospice facilities shall have space and equipment to store and process clean and soiled linen as required for patient care.

(3) There shall be one housekeeping room for each hospice unit. There shall be an exhaust for this room that exhausts air to the outside.

(4) Yard equipment and supply storage areas shall be located so that equipment may be moved directly to the exterior without passing through building rooms or corridors.

**R432-16-11. Food Service.**

(1) Food service facilities and equipment shall comply with R392-100, the Utah Department of Health Food Service Sanitation Rules.

(2) Food service space and equipment shall be provided as follows:

(a) Storage area for food supplies, including a cold storage area for a seven-day supply of staple foods and a three-day supply of perishable foods;

(b) Food preparation area;

(c) An area to serve and distribute resident meals;

(d) An area for receiving, scraping, sorting, and washing soiled dishes and tableware;

(e) A storage area for waste located next to an outside facility exit for direct pickup;

(f) An area for meal planning.

**R432-16-12. Waste Storage and Disposal.**

Facilities and equipment shall be provided for the sanitary storage and treatment or disposal of all categories of waste, including hazardous and infectious wastes if applicable, using techniques required by the Utah Department of Environmental Quality, and the local health department having jurisdiction.

**R432-16-13. Details and Finishes.**

Details and finishes shall comply with the following:

(1) Corridor handrails shall be provided. ~~[and]~~ Handrail design shall comply with [ADAAG]ADA/ABA-AG.

(2) Cubicle curtains and draperies shall be affixed to permanently mounted tracks or rods. Portable curtains or visual barriers are not permitted.

(3) Signs shall be provided as follows:

(a) general and circulation direction signs in corridors;

(b) identification at each door; and

(c) emergency directional signs;

(d) all signs in corridors shall comply with ~~[ADAAG]~~ ADA/ABA-AG.

(4) All partition and all floor and ceiling construction in resident areas shall comply with the noise reduction criteria of Table 1 for sound control.

(5) Floor materials shall be easily cleanable.

(6) Floors in areas used for food preparation or food assembly shall be water-resistant. Floor surfaces, including tile joints, shall be resistant to food acids.

(7) In areas subject to frequent wet-cleaning, the floor materials shall be sealed to prevent contamination by germicidal cleaning solutions.

(8) Floors and wall bases of kitchens, toilet rooms, bath rooms, and housekeeping rooms shall be homogeneous or joints shall be tightly sealed. Bases shall be integrated with the floor and coved.

(9) Wall finishes shall be washable and, in the immediate vicinity of plumbing fixtures, smooth and moisture-resistant.

(10) Finish, trim, floor, and wall construction in food preparation areas shall be free of insect and rodent harboring spaces.

(11) Floor and wall openings for pipes, ducts, conduits, and joints of structural elements shall be tightly sealed to prevent entry of pests.

(12) Carpet and padding shall be stretched taut and be free of loose edges.

(13) Finishes of all exposed ceilings and ceiling structures in resident rooms and staff work areas shall be cleanable.

(14) Finished ceilings are not required in mechanical and equipment spaces, shops, general storage areas, and similar spaces, unless required for fire resistive purposes.

(15) Finished ceilings shall be provided in areas where dust fallout might occur.

TABLE 1

Sound Transmission Limitations  
in Hospice Care Facilities

Airborne Sound Transmissions  
Class (STC)(a)

Class (IIC) (b) (Residents') room to resident's room	Partitions	Floors
	35	40

Public space to (residents) room (b)	40	40
Service areas to (residents') room (c)	45	45

(a) Sound transmissions (STC) shall be determined by tests in accordance with Standard E90 and ASTM Standard E413. Where partitions do not extend to the structure above, the designer shall consider sound transmissions through ceilings and composite STC performance.

(b) Public space includes lobbies, dining rooms, recreation rooms, treatment rooms, and similar space.

(c) Service areas include kitchens, elevators, elevator machine rooms, laundry rooms, garages, maintenance rooms, boilers and mechanical equipment rooms and similar spaces of high noise. Mechanical equipment located on the same floor or above patient rooms, offices, nurses' stations, and similarly occupied space shall be effectively isolated from the floor.

**R432-16-14. Mechanical Standards.**

(1) Mechanical tests shall be conducted prior to final Department construction inspection.

(2) Written test results shall be retained in facility maintenance files and available for Department review.

~~[(3) Insulation containing any asbestos is prohibited.~~

~~\_\_\_\_\_ (4)](3) Air conditioning, heating, and ventilating systems shall include:~~

(a) A heating system capable of maintaining a temperature of 80 degrees Fahrenheit in areas occupied by residents.

(b) A cooling system capable of maintaining a temperature of 72 degrees Fahrenheit in areas occupied by residents.

(c) Evaporative coolers may not be used.

~~[(d) Isolation rooms may be ventilated by reheat induction units in which only the primary air supplied from a central system passes through the reheat unit. No air shall be recirculated into the building system.~~

~~\_\_\_\_\_ (e)](d) Supply and return systems must be within a duct. Common returns using corridor or attic spaces as return plenums are prohibited.~~

~~[(f)](e) Filtration shall be provided when mechanically circulated outside air is used.~~

~~[(g) Gravity exhaust may be used, where conditions permit, for boiler rooms, central storage, and other nonresident areas.~~

~~\_\_\_\_\_ (5)](4) Plumbing and other Piping Systems shall include:~~

(a) Hand washing facilities that are arranged to provide sufficient clearance for single-lever operating handles.

(b) Dishwashers~~[- disposals]~~ and other kitchen food storage or cooking appliances ~~[that are]~~ shall be National Sanitation Foundation (NSF) approved and have the NSF seal affixed.

(c) Kitchen grease trap location shall comply with local health department rules.

(d) Hot water provided in patient tubs, showers, whirlpools, and hand washing facilities shall be regulated by thermostatically controlled automatic mixing valves. These valves may be installed on the recirculating system or on individual inlets to appliances. The temperature of hot water for patient fixtures shall range between 105 and 115 degrees Fahrenheit.

**R432-16-15. Electric Standards.**

(1) The Licensee shall maintain written certification to the Department verifying that systems and grounding comply with NFPA 99 and NFPA 70.

(2) Approaches to buildings and all spaces within buildings occupied by people, machinery, or equipment shall have fixtures for lighting in accordance with the requirements of the Illuminating Engineering Society of North America (IESNA). Parking lots shall have fixtures for lighting to provide light levels as recommended in IES Recommended Practice RP-20-1998, Lighting for parking facilities by Illuminating Engineering Society of North America.

(3) Automatic emergency lighting shall be provided in accordance with ~~[NFPA 99 and]~~ NFPA 101.

(4) General lighting shall be provided as required in ~~[R432-5-15(2)]~~ R432-6, table 4.

**R432-16-16. Penalties.**

The Department may assess a civil money penalty up to \$10,000 and deny approval for patient utilization of new or remodeled areas if a health care provider does not submit architectural drawings to the Bureau of Licensing. The Department may assess a civil money penalty of up to \$10,000 if the licensee fails to follow Department-approved architectural plans. The Department may assess a civil money penalty of up to \$1,000 per day for each day a new or renovated area is occupied prior to licensing agency approval.

**KEY: health care facilities**

**Date of Enactment or Last Substantive Amendment:** ~~[January 5, 2010]~~ **2012**

**Notice of Continuation:** February 11, 2008

**Authorizing, and Implemented or Interpreted Law:** 26-21-5; 26-21-16

**Health, Family Health and Preparedness, Licensing**  
**R432-100**  
**General Hospital Standards**

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 35471

FILED: 11/18/2011

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The referenced standards are out of date and out of print. These changes have been vetted in two meetings with providers and interested parties and have been approved by the Health Facilities Committee.

**SUMMARY OF THE RULE OR CHANGE:** Updates the adopted references from the fifth edition of the Guidelines for Perinatal Care to the sixth edition and updates from the 2001 Guidelines for Design and Construction of Hospital and HealthCare Facilities to the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities.

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 26, Chapter 21

**MATERIALS INCORPORATED BY REFERENCES:**

- ◆ Updates Guidelines for Design and Construction of Health Care Facilities, published by ASHE (American Society of Healthcare Engineering), 2010 edition

**ANTICIPATED COST OR SAVINGS TO:**

◆ **THE STATE BUDGET:** The cost of purchasing a copy of the Guidelines for Perinatal Care for the DAR library is \$80. The cost of purchasing copies of the Guidelines for Design and Construction of Health Care Facilities is \$168 and is covered in Rule R432-4, General Construction, which is being amended concurrent with this rule. State expenses are expected to be completed within the usual course of business and existing budgets. (DAR NOTE: The proposed amendment to Rule R432-4 is under DAR No. 35459 in this issue, December 15, 2011, of the Bulletin.)

◆ **LOCAL GOVERNMENTS:** The rule change has no impact on local government because these standards are enforced at the state level.

◆ **SMALL BUSINESSES:** Architects and engineers that design hospitals will have the cost of purchasing the new standards. The cost of the new Guidelines for Perinatal Care is \$80. Assuming 5 small businesses purchase copies of the new Guidelines for Perinatal Care the aggregate cost to small business is \$400. The cost of purchasing the 2010 Guidelines for Design and Construction of Health Care Facilities is covered in Rule R432-4 which is being amended concurrent with this rule.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Hospitals will have the cost of purchasing the new referenced standard at \$80. Assuming all 33 General Hospitals purchase the new Guidelines for Perinatal Care the aggregate cost to business is \$2,640. The cost of constructing larger newborn intensive care nurseries is addressed in Rule R432-4 which is being amended concurrent with this rule.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** The cost for each hospital to purchase the new Guidelines for Perinatal Care is \$80. The rule changes will not increase any compliance costs.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** This rule has been extensively discussed with the regulated businesses and they appear to concur that updating the rule to adopt updated federal accessibility standards and the 2010

edition of the Guidelines for Design and Construction of Health Care Facilities is appropriate. Public comment received will be carefully evaluated for any unforeseen fiscal impact.

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

HEALTH  
FAMILY HEALTH AND PREPAREDNESS,  
LICENSING  
CANNON HEALTH BLDG  
288 N 1460 W  
SALT LAKE CITY, UT 84116-3231  
or at the Division of Administrative Rules.

**DIRECT QUESTIONS REGARDING THIS RULE TO:**

- ◆ Andrew Baxter by phone at 801-538-6140, by FAX at 801-538-6325, or by Internet E-mail at [andrewbaxter@utah.gov](mailto:andrewbaxter@utah.gov)
- ◆ Joel Hoffman by phone at 801-538-6279, by FAX at 801-538-6024, or by Internet E-mail at [jhoffman@utah.gov](mailto:jhoffman@utah.gov)

**INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012**

**THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012**

**AUTHORIZED BY:** David Patton, PhD, Executive Director

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**R432. Health, Family Health and Preparedness, Licensing.**

**R432-100. General Hospital Standards.**

**R432-100-1. Legal Authority.**

This rule is adopted pursuant to Title 26, Chapter 21.

**R432-100-17. Perinatal Services.**

(1) Each hospital shall comply with the requirements of this section and shall designate its capability to provide perinatal (antepartum, labor, delivery, postpartum and nursery) care in accordance with Level I basic, Level II specialty, or Level III sub-specialty or tertiary care as described in the Guidelines for Perinatal Care, [~~Fifth~~Sixth Edition and the Guidelines for Design and Construction of [~~Hospital and~~]Health Care Facilities, [~~2001~~2010 Edition, which [~~is~~are incorporated by reference.

(a) A qualified member of the hospital staff shall provide administrative, medical and nursing direction and oversight for perinatal services according to each hospital's designated level of care, Level I, IIA, IIB, IIIA, IIIB or IIIC.

(b) A qualified registered nurse shall be immediately available at all hours of the day and as well as sufficient numbers of trained competent staff to meet the designated level.

(c) Support personnel shall be available to the perinatal care service according to each hospital's designated level of care.

(2) Each hospital shall establish and implement security protocols for perinatal patients.

(3) The perinatal department shall include facilities and equipment for antepartum, labor and delivery, nursery, postpartum, and optional birthing rooms.

(a) Perinatal areas shall be located and arranged to avoid non-related traffic to and from other areas.

(b) The hospital shall isolate patients with infections or other communicable conditions. The use of maternity rooms for patients other than maternity patients shall be restricted according to hospital policy.

(c) Each hospital shall have at least one surgical suite for operative delivery.

(d) Equipment and supplies shall be immediately available and maintained for the mother and newborn, including:

(i) furnishings suitable for labor, birth, and recovery;

(ii) oxygen with flow meters and masks or equivalent;

(iii) mechanical suction and bulb suction;

(iv) resuscitation equipment;

(v) emergency medications, intravenous fluids, and related supplies and equipment;

(vi) a device to assess fetal heart rate;

(vii) equipment to monitor and maintain the optimum body temperature of the newborn;

(viii) a clock capable of showing seconds;

(ix) an adjustable examination light; and

(x) a newborn warming unit with temperature controls that comply with Underwriters' Laboratories requirements. The unit must be capable of administering oxygen and suctioning.

(e) The hospital shall maintain a delivery room record keeping system for cross referencing information with other departments.

(4) If birthing rooms are provided, they shall be equipped in accordance with 100-17(3(d)).

(5) The nursery shall include facilities and equipment according to its designated level of care: Level I - Basic Newborn Care; Level II - Specialty Continuing Care; and Level III - Sub-specialty or Tertiary Newborn Intensive Care including an individual bassinet for each infant; with space between bassinets as follows:

(a) Level I Basic: Full Term or Well Baby Nursery 24 inches between bassinets;

(b) Level II Specialty: Continuous Care Nursery [~~50 square feet per bassinet and~~]four feet between bassinets for Continuing Care nurseries;

(c) Level III Sub-specialty: Newborn Intensive Care Nursery [~~100 square feet per bassinet and~~]four feet between bassinets.

(d) accurate scales; and

((e) a wall thermometer;

(6) The following equipment and supplies shall be available:

(a) an individual thermometer, or one with disposable tips, for each infant;

(b) a supply of medication shall be immediately available for emergencies;

(c) a covered soiled-diaper container with removable lining;

(d) a linen hamper with removable bag for soiled linen other than diapers;

(e) a newborn warming unit with temperature controls that comply with Underwriters' Laboratories requirements;

(f) oxygen, oxygen equipment, and suction equipment; and

(g) an oxygen concentration monitoring device.

(7) Temperature shall be maintained between 70-80 degrees Fahrenheit in the nursery area.

(8) Infant formula storage space shall be available that conforms to the manufacturer's recommendations. Only single-use bottles shall be used for newborn feeding.

(9) A suspect nursery or isolation area shall be available. Equipment and supplies shall be provided for the isolation area.

(a) Isolation facilities shall be used for any infant who:

(i) has a communicable disease;

(ii) is delivered of an ill mother infected with a communicable disease;

(iii) is readmitted after discharge from a hospital; or

(iv) is delivered outside the hospital.

(b) There shall be separate hand washing facilities for the isolation area.

(10) Each hospital shall comply with the following provisions:

(a) No attempt shall be made to delay the imminent, normal birth of a child;

(b) A prophylactic solution in accordance with R386-702-9 shall be instilled in the eyes of the infant within three hours of birth;

(c) Metabolic screening shall be performed in accordance with Section 26-10-6 and R398-1; and

(d) A newborn hearing screening shall be performed in accordance with R398-2.

**KEY: health care facilities**

**Date of Enactment or Last Substantive Amendment:** [~~October 1, 2011~~]2012

**Notice of Continuation:** December 13, 2010

**Authorizing, and Implemented or Interpreted Law:** 26-21-5; 26-21-2.1; 26-21-20

**Health, Family Health and  
Preparedness, Licensing  
R432-100  
General Hospital Standards**

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 35500

FILED: 12/01/2011

**RULE ANALYSIS**

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The amendment in Section R432-100-38 is to bring the rule up to date with industry standards and terminology. The amendment in Section R432-100-17 is to correct two spelling errors. The amendments in Sections R432-100-11, R432-100-12, R432-100-13, R432-100-26, and R432-100-33 are to correct reference numbers. This change is needed to ensure the reference to a rule number is correct.

**SUMMARY OF THE RULE OR CHANGE:** The amendment in Section R432-100-38 is to bring the rule up to date with industry standards and terminology. This amendment was developed through coordination with the hospital association. The amendment in Section R432-100-17 is to correct two spelling errors, "Heath" to "Health" and "Farenheit" to "Fahrenheit." The amendments in Sections R432-100-11, R432-100-12, R432-100-13, R432-100-26, and R432-100-33 are to correct reference numbers. Section R432-100-11 changes "Personal Choice and Living Will Act Section 75-2-1102" to "Advanced Health Care Directive Act Title 75, Chapter 2a." Section R432-100-12 changes "Section R432-31-603 Delegation of Nursing Tasks" to "Section R432-31-701 Delegation of Nursing Tasks." Section R432-100-13 changes "Section R432-650-8, Required Staffing; and Section R432-650-13, Water Quality" to "R432-650-7, Required Staffing; and R432-650-12, Water Quality." Section R432-100-26 changes "Section R432-101-34 Partial Hospitalization Services" to "Section R432-101-35 Partial Hospitalization Services." Section R432-100-33 changes "Personal Choice and Living Will Act Section 75-2-1102" to "Advanced Health Care Directive Act Title 75, Chapter 2a."

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 26, Chapter 21

**ANTICIPATED COST OR SAVINGS TO:**

- ◆ **THE STATE BUDGET:** No state budgets will be affected since there will be no change in current practice.
- ◆ **LOCAL GOVERNMENTS:** No local government budgets will be affected since there will be no change in current practice.
- ◆ **SMALL BUSINESSES:** No small business budgets will be affected since there will be no change in current practice.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** No other persons budgets will be affected since there will be no change in current practice.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** No affected persons budgets will be affected since there will be no change in current practice.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** This proposed rule corrects spelling errors and references and is not expected to have any fiscal impact on business.

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

HEALTH  
FAMILY HEALTH AND PREPAREDNESS,  
LICENSING  
CANNON HEALTH BLDG  
288 N 1460 W  
SALT LAKE CITY, UT 84116-3231  
or at the Division of Administrative Rules.

**DIRECT QUESTIONS REGARDING THIS RULE TO:**

- ◆ Carmen Richins by phone at 801-538-9087, by FAX at 801-538-6024, or by Internet E-mail at carmenrichins@utah.gov
- ◆ Joel Hoffman by phone at 801-538-6279, by FAX at 801-538-6024, or by Internet E-mail at jhoffman@utah.gov

**INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012**

**THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012**

**AUTHORIZED BY: David Patton, PhD, Executive Director**

**R432. Health, Family Health and Preparedness, Licensing.**

**R432-100. General Hospital Standards.**

**R432-100-11. Patient Rights.**

(1) The facility shall inform each patient at the time of admission of patient rights and support the exercise of the patient's right to the following:

- (a) to access all medical records, and to purchase at a cost not to exceed the community standard, photocopies of his record;
  - (b) to be fully informed of his medical health status in a language he can understand;
  - (c) to reasonable access to care;
  - (d) to refuse treatment;
  - (e) to formulate an advanced directive in accordance with the Advance Health Care Directive[~~Personal Choice and Living Will~~] Act, UCA 75-2a[-1102-];
  - (f) to uniform, considerate and respectful care;
  - (g) to participate in decision making involved in managing his health care with his physician, or to have a designated representative involved;
  - (h) to express complaints regarding the care received and to have those complaints resolved when possible;
  - (i) to refuse to participate in experimental treatment or research;
  - (j) to be examined and treated in surroundings designed to give visual and auditory privacy; and
  - (k) to be free from mental and physical abuse, and to be free from chemical and (except in emergencies) physical restraints except as authorized in writing by a licensed practitioner for a specified and limited period of time or when necessary to protect the patient from injury to himself or others.
- (2) The hospital shall establish a policy and inform patients and legal representatives regarding the withholding of resuscitative services and the forgoing or withdrawing of life sustaining treatment and care at the end of life. This policy shall be consistent with state law.

**R432-100-12. Nursing Care Services.**

(1) There shall be an organized nursing department that is integrated with other departments and services.

- (a) The chief nursing officer of the nursing department shall be a registered nurse with demonstrated ability in nursing practice and administration.



(b) Nursing policies and procedures, nursing standards of patient care, and standards of nursing practice shall be approved by the chief nursing officer.

(c) A registered nurse shall be designated and authorized to act in the chief nursing officer's absence.

(d) Nursing tasks may be delegated pursuant to R156-31-701[~~603~~], Delegation of Nursing Tasks.

(2) Qualified registered nurses shall be on duty at all times to give patients nursing care that requires the judgment and special skills of a registered nurse. The nursing department shall develop and maintain a system for determining staffing requirements for nursing care on the basis of demonstrated patient need, intervention priority for care, patient load, and acuity levels.

(3) Nursing care shall be documented for each patient from admission through discharge.

(a) A registered nurse shall be responsible to document each patient's nursing care and coordinate the provision of interdisciplinary care.

(b) Nursing care documentation shall include the assessments of patient's needs, clinical diagnoses, intervention identified to meet the patient's needs, nursing care provided and the patient's response, the outcome of the care provided, and the ability of the patient, family, or designated caregiver in managing the continued care after discharge.

(c) Patients shall receive prior to discharge written instructions for any follow-up care or treatment.

#### **R432-100-13. Critical Care Unit.**

(1) Hospitals that provide critical care units shall comply with the requirements of R432-100-13. Medical direction for the unit(s) shall be according to the scope of services provided as delineated in hospital policy and approved by the board.

(2) Critical care unit nursing direction shall be provided by a designated, qualified registered nurse manager who has relevant education, training and experience in critical care. The supervising nurse shall coordinate the care provided by all nursing service personnel in the critical care unit. The registered nurse manager shall have administrative responsibility for the critical care unit, assuring that a registered nurse who has advanced life support certification is on duty and in the unit at all times.

(3) Each critical care unit shall be designed and equipped to facilitate the safe and effective care of the patient population served. Equipment and supplies shall be available to the unit as determined by hospital policy in accordance with the needs of the patients.

(4) An emergency cart must be readily available to the unit and contain appropriate drugs and equipment according to hospital policy. The cart, or the cart locking mechanism, must be checked every shift and after each use to assure that all items required for immediate patient care are in place in the cart and in usable condition.

(5) The following support services shall be immediately available to the critical care unit on a 24-hour basis:

- (a) blood bank or supply;
- (b) clinical laboratory; and
- (c) radiology services.

(6) If the hospital provides dialysis services, the dialysis services shall comply with R432-650 End Stage Renal Disease

Facility Rules, sections R432-650-7[8], Required Staffing; and R432-650-12[3], Water Quality.

#### **R432-100-17. Perinatal Services.**

(1) Each hospital shall comply with the requirements of this section and shall designate its capability to provide perinatal (antepartum, labor, delivery, postpartum and nursery) care in accordance with Level I basic, Level II specialty, or Level III subspecialty or tertiary care as described in the Guidelines for Perinatal Care, Fifth Edition and the Guidelines for Design and Construction of Hospital and Health Care Facilities, 2001 Edition, which is incorporated by reference.

(a) A qualified member of the hospital staff shall provide administrative, medical and nursing direction and oversight for perinatal services according to each hospital's designated level of care, Level I, II or III.

(b) A qualified registered nurse shall be immediately available at all hours of the day and as well as sufficient numbers of trained competent staff to meet the designated level.

(c) Support personnel shall be available to the perinatal care service according to each hospital's designated level of care.

(2) Each hospital shall establish and implement security protocols for perinatal patients.

(3) The perinatal department shall include facilities and equipment for antepartum, labor and delivery, nursery, postpartum, and optional birthing rooms.

(a) Perinatal areas shall be located and arranged to avoid non-related traffic to and from other areas.

(b) The hospital shall isolate patients with infections or other communicable conditions. The use of maternity rooms for patients other than maternity patients shall be restricted according to hospital policy.

(c) Each hospital shall have at least one surgical suite for operative delivery.

(d) Equipment and supplies shall be immediately available and maintained for the mother and newborn, including:

- (i) furnishings suitable for labor, birth, and recovery;
- (ii) oxygen with flow meters and masks or equivalent;
- (iii) mechanical suction and bulb suction;
- (iv) resuscitation equipment;
- (v) emergency medications, intravenous fluids, and related supplies and equipment;

(vi) a device to assess fetal heart rate;

(vii) equipment to monitor and maintain the optimum body temperature of the newborn;

(viii) a clock capable of showing seconds;

(ix) an adjustable examination light; and

(x) a newborn warming unit with temperature controls that comply with Underwriters' Laboratories requirements. The unit must be capable of administering oxygen and suctioning.

(e) The hospital shall maintain a delivery room record keeping system for cross referencing information with other departments.

(4) If birthing rooms are provided, they shall be equipped in accordance with 100-17(3(d)).

(5) The nursery shall include facilities and equipment according to its designated level of care: Level I - Basic Newborn Care; Level II - Specialty Continuing Care; and Level III - Subspecialty or Tertiary Newborn Intensive Care including an

individual bassinet for each infant; with space between bassinets as follows:

- (a) Level I Basic: Full Term or Well Baby Nursery 24 inches between bassinets;
- (b) Level II Specialty: Continuous Care Nursery 50 square feet per bassinet and four feet between bassinets for Continuing Care nurseries;
- (c) Level III Sub-specialty: Newborn Intensive Care Nursery 100 square feet per bassinet and four feet between bassinets.
- (d) accurate scales; and
- (e) a wall thermometer;
- (6) The following equipment and supplies shall be available:
  - (a) an individual thermometer, or one with disposable tips, for each infant;
  - (b) a supply of medication shall be immediately available for emergencies;
  - (c) a covered soiled-diaper container with removable lining;
  - (d) a linen hamper with removable bag for soiled linen other than diapers;
  - (e) a newborn warming unit with temperature controls that comply with Underwriters' Laboratories requirements;
  - (f) oxygen, oxygen equipment, and suction equipment; and
  - (g) an oxygen concentration monitoring device.
- (7) Temperature shall be maintained between 70-80 degrees Fahrenheit in the nursery area.
- (8) Infant formula storage space shall be available that conforms to the manufacturer's recommendations. Only single-use bottles shall be used for newborn feeding.
- (9) A suspect nursery or isolation area shall be available. Equipment and supplies shall be provided for the isolation area.
  - (a) Isolation facilities shall be used for any infant who:
    - (i) has a communicable disease;
    - (ii) is delivered of an ill mother infected with a communicable disease;
    - (iii) is readmitted after discharge from a hospital; or
    - (iv) is delivered outside the hospital.
  - (b) There shall be separate hand washing facilities for the isolation area.
- (10) Each hospital shall comply with the following provisions:
  - (a) No attempt shall be made to delay the imminent, normal birth of a child;
  - (b) A prophylactic solution in accordance with R386-702-9 shall be instilled in the eyes of the infant within three hours of birth;
  - (c) Metabolic screening shall be performed in accordance with Section 26-10-6 and R398-1; and
  - (d) A newborn hearing screening shall be performed in accordance with R398-2.

#### **R432-100-26. Psychiatric Services.**

(1) If provided by the hospital, psychiatric services shall be integrated with other departments or services of the hospital according to the nature, extent, and scope of service provided.

(a) If the hospital does not provide psychiatric services, the hospital must have procedures to transfer patients to a facility that can provide the necessary psychiatric services.

(b) Administrative direction of psychiatric services shall be provided by a person appointed and authorized by the hospital administrator.

(c) Medical direction of psychiatric services shall be defined in writing and provided by a qualified physician who is a member of the medical staff.

(d) Psychiatric services shall comply with the following sections of R432-101, Specialty Hospitals, Psychiatric:

- (i) R432-101-13 Patient Security;
- (ii) R432-101-14 Special Treatment Procedures;
- (iii) R432-101-17 Admission and Discharge;
- (iv) R432-101-20 Inpatient Services;
- (v) R432-101-21 Adolescent or Child Treatment Programs;
- (vi) R432-101-22 Residential Treatment Services;
- (vii) R432-101-23 Physical Restraints, Seclusion, and Behavior Management;
- (viii) R432-101-24 Involuntary Medication Administration; and
- (ix) R432-101-35[4] Partial Hospitalization Services.

(2) If outreach services are ordered by a physician as part of the plan of care or hospital discharge plan, the outreach services may be provided in a clinic, physician's office, or the patient's home.

#### **R432-100-33. Medical Records.**

(1) The hospital shall establish a medical records department or service that is responsible for the administration, custody and maintenance of medical records.

(a) The administrative direction of the department shall be established by the hospital administrator and correspond to the organizational structure and policies of the hospital.

(b) The medical records department shall retain the technical services of either a Registered Health Information Administrator or a Registered Health Information Technician through employment or consultation. If retained by consultation, visits shall be at least quarterly and documented through written reports to the hospital administrator.

(2) The medical records department shall provide secure storage, controlled access, prompt retrieval, and equipment and facilities to review medical records.

(a) Medical records shall be available for use or review by members of the medical and professional staff; authorized hospital personnel and agents; persons authorized by the patient through a consent form; and Department representatives to determine compliance with licensing rules.

(b) Medical records may be stored in multiple locations providing the record is able to be retrieved or accessed in a reasonable time period.

(c) If computer terminals are utilized for patient charting, the hospital shall have policies governing access and identification codes, security, and information retention.

(d) The hospital medical record shall be indexed according to diagnosis, procedure, demographic information and physician or licensed health practitioner. The indexes shall be current within six months following discharge of the patient.

(e) Original medical records are the property of the hospital and shall not be removed from the control of the hospital or the hospital's agent as defined by policy except by court order or subpoena.

(f) Medical records for persons who have received or requested admission to alcohol or drug programs shall comply with 42 CFR Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records."

(3) All medical record entries shall be legible, complete, authenticated, and dated by the person responsible for ordering the service, providing or evaluating the service, or making the entry. Prepared transcriptions of dictated reports, evaluations and consultations must be reviewed by the author before authentication.

(a) The authentication may include written signatures, computer key, or other methods approved by the governing body and medical staff to identify the name and discipline of the person making the entry.

(b) Use of computer key or other methods to identify the author of a medical record entry is not assignable or to be delegated to another person.

(c) There shall be a current list of persons approved to use these methods of authentication. Hospital policies shall include appropriate sanctions for the unauthorized or improper use of computer codes.

(d) Verbal orders for the care and treatment of the patient shall be accepted and transcribed by qualified personnel and authenticated within 30 days of the patient's discharge.

(4) Patient records shall be organized according to hospital policy.

(a) Medical records shall be reviewed at least quarterly for completeness, accuracy, and adherence to hospital policy.

(b) Records of discharged patients shall be collected, assembled, reviewed for completeness, and authenticated within 30 days of the patient's discharge.

(c) Medical records shall be retained for at least seven years. Medical records of minors shall be kept until the age of eighteen plus four years, but in no case less than seven years.

(d) The Hospital may destroy medical records after retaining them for the minimum time period. Prior to destroying medical records, the hospital must notify the public by publishing a notice in a newspaper of statewide distribution a minimum of once a week for three consecutive weeks to allow a former patient to access the patient's records.

(e) The hospital shall permanently retain a master patient/person index that shall include:

- (i) the patient name;
- (ii) the medical record number;
- (iii) the date of birth;
- (iv) the admission and discharge dates; and
- (v) the name of each attending physician.

(f) If a hospital ceases operation, the hospital shall make provision for secure, safe storage and prompt retrieval of all medical records, patient indexes and discharges for the period specified in R432-100-33(4)(c). The hospital may arrange for storage of medical records with another hospital, or an approved medical record storage facility, or may return patient medical records to the attending physician if the physician is still in the community.

(5) A complete medical record shall be established and maintained for each patient admitted to, or who receives hospital services. Emergency and outpatient records shall document the service rendered, and shall contain other pertinent information in accordance with hospital policy.

(a) Each medical record shall contain patient identification and demographic information to include at least the patient's name, address, date of birth, sex, and emergency contact information.

(b) Each medical record shall contain initial or admitting medical history, physical and other examinations or evaluations. Recent histories and examinations may be substituted if updated to include changes that reflect the patient's current status.

(c) Each medical record shall contain admitting, secondary and principal diagnoses.

(d) Each medical record shall contain results of consultive evaluations and findings by persons involved in the care of the patient.

(e) Each medical record shall contain documentation of complications, hospital acquired infections, and unfavorable reactions to medications, treatments, and anesthesia.

(f) Each medical record shall contain properly executed informed consent documents for all procedures and treatments ordered for, and received by, the patient.

(g) Each medical record shall document that the facility requested of each admitted person whether the person has initiated an advanced directive as defined in the Advance Health Care Directive~~[Personal Choice and Living Will]~~ Act, UCA 75-2a~~-1102~~.

(h) Each medical record shall contain all practitioner orders, nursing notes, reports of treatment, medication records, laboratory and radiological reports, vital signs and other information that documents the patient condition and status.

(i) Each medical record shall contain a discharge summary including outcome of hospitalization, disposition of case with an autopsy report when indicated, or provisions for follow-up.

(j) Medical records of deceased patients shall contain a completed Inquiry of Anatomical Gift form or a modified hospital death form which has been approved by the Utah Department of Health as required by Section 26-28-6, UCA.

(k) Medical records of surgical patients shall contain a pre-operative history and physical examination; surgeon's diagnosis; an operative report describing a description of findings; an anesthesia report including dosage and duration of all anesthetic agents and all pertinent events during the induction, maintenance, and emergence from anesthesia; the technical procedures used; the specimen removed; the post-operative diagnosis; and the name of the primary surgeon and any assistants written or dictated by the surgeon within 24 hours after the operation.

(l) Medical records of obstetrical patients shall contain a relevant family history, a pre-natal examination, the length of labor and type of delivery with related notes, the anesthesia or analgesia record, the Rh status and immune globulin administration when indicated, a serological test for syphilis, and a discharge summary for complicated deliveries or final progress note for uncomplicated deliveries.

(m) Medical records of newborn infants shall contain the following documentation in addition to the requirements for obstetrical medical records:

(i) Documentation must include a copy of the mother's delivery room record. In adoption cases where the identity of the mother is confidential, inclusion and access to the mother's delivery room record shall be according to hospital policy.

(ii) Documentation must include the date and hour of birth, period of gestation, sex, reactions after birth, delivery room care, temperature, weight, time of first urination, and number, character, and consistency of stools.

(iii) Documentation must include a record of the physical examination completed at birth and discharge, record of ophthalmic prophylaxis, and the identification number of the newborn screening kit, referred to in R398-1.

(iv) If the infant is discharged to any person other than the infant's parents, the hospital shall record the authorization by the parents, state agency, or court authority, and

(v) Documentation of the record and results of the newborn hearing screening according to Section 26-10-6, UCA and R398-2-6.

(n) Emergency department patient medical records shall be integrated into the hospital medical record and include time and means of arrival, emergency care given to the patient prior to arrival, history and physical findings, lab and x-ray reports, diagnosis, record of treatment, and disposition and discharge instructions.

(o) Patient medical social services records shall include a medical-social or psycho-social study of referred inpatients and outpatients; the financial status of the patient, social therapy and rehabilitation of patients, environmental investigations for attending physicians, and cooperative activities with community agencies.

(p) Medical records of patients receiving rehabilitation therapy shall include a written plan of care appropriate to the diagnosis and condition, a problem list, and short and long term goals.

(6) The medical records department shall maintain records, reports and documentation of admissions, discharges, and the number of autopsies performed.

(7) The medical records department shall maintain vital statistic registries for births, deaths, and the number of operations performed. The medical records department shall report vital statistics data in accordance with the Vital Statistics Act, Utah Health Code, (26-2, UCA).

#### **R432-100-38. Emergency Operations~~and Disaster~~ Plan.**

(1) ~~[The hospital is responsible to assure the safety and well-being of patients. —] There must be provisions for the maintenance of a safe environment in the event of an emergency or disaster which overwhelms the facility [— An emergency or disaster may include utility interruption such as gas, water, sewer, fuel or electricity interruption, explosion, fire, earthquake, bomb threat, flood, windstorm, epidemic, bio-terrorism event or mass casualty incident].~~

(2) The administrator or designee is responsible for the development of a plan, coordinated with applicable state and local emergency response partners and agencies ~~[or disaster offices, to respond to emergencies or disasters]~~. This plan shall be in writing and ~~[list the coordinating authorities by agency name and title. The plan shall be distributed or ]~~ made available to all hospital staff ~~[to assure prompt and efficient implementation]~~.

(a) The plan shall be reviewed and updated as necessary ~~and [in coordination with local emergency or disaster management authorities. — The plan]~~ shall be available for review by the Department.

(b) The hospitals' emergency operations plan must delineate individuals who will be in charge during any significant emergency ~~[administrator or designee is in charge of operations during any significant emergency. If not on the premises, the administrator shall make every reasonable effort to get to the hospital to relieve subordinates and take charge of the situation].~~

(c) Lists of emergency partners shall be readily available, including multiple contact options. Emergency contact lists will be updated and maintained regularly by the hospital ~~[The name of the person in charge and names and telephone numbers of emergency medical personnel, agencies and appropriate communication and emergency transport systems shall be readily available to all hospital staff].~~

(3) The hospital's emergency operations plan ~~[response procedures]~~ shall address the following:

(a) an evacuation plan [of occupants to a safe place within the hospital or to another location];

~~[(b) delivery of essential care and services to hospital occupants by alternate means regardless of setting;~~

~~]~~ (b[e] delivery of essential care and services when additional persons are present at [housed in] the hospital during an emergency;

(c[d] delivery of essential care and services to hospital occupants utilizing crisis standards of care when staff is reduced by an emergency; and

(d[e] must address planning, mitigation, response and recovery for each of the following six areas:

(i) emergency communications;

(ii) resources and assets;

(iii) safety and security;

(iv) staff responsibilities;

(v) utility management; and

(vi) patient clinical and supportive activities [maintenanece of safe ambient air temperatures within the hospital].

(4) ~~[The hospital shall have an emergency plan that is current and appropriate to the operation and construction of the hospital. —] The emergency operations plan shall be approved by the board and the hospital administrator.~~

(a) The hospital's emergency operations plan shall delineate~~[-~~

~~— (i) —] the person or persons with decision-making authority to activate the emergency operations plan [for fiscal, medical, and personnel management];~~

~~[(ii) on-hand personnel, equipment, and supplies and how to acquire additional help, supplies, and equipment after an emergency or disaster;~~

~~— (iii) assignment of personnel to specific tasks during an emergency;~~

~~— (iv) methods of communicating with local emergency agencies, authorities, and other appropriate individuals;~~

~~— (v) the telephone numbers of individuals to be notified in an emergency in order of priority;~~

~~— (vi) methods of transporting and evacuating patients and staff to other locations; and~~

~~(vii) conversion of the hospital for emergency use.]~~  
 (b) The hospital's emergency response plan shall address those risks and threats identified in the facility's annual hazard vulnerability analysis~~[Emergency telephone numbers shall be accessible to staff at each nurses station].~~

(c) The hospital shall document all emergency incidents~~[events] and responses~~~~[and record patients and staff evacuated from the hospital to another location. Any emergency involving patients shall be documented in the patient record].~~

(d) D[Simulated d]isaster drills/exercises shall be held twice yearly according to threats identified in the facility's annual hazard vulnerability analysis~~[semiannually for all staff. One disaster drill shall address a bio-terrorism or communicable disease event].~~

~~[(e) Fire drills and fire drill documentation shall be in accordance with R710-4, State of Utah Fire Prevention Board.]~~

(5) There shall be a fire emergency evacuation plan written in consultation with qualified fire safety personnel. This plan may or may not be included in the facility's emergency operations plan. The evacuation routes~~[plan]~~ shall be posted in prominent locations throughout the hospital. Fire drills and fire drill documentation shall be in accordance with R710-4, State of Utah Fire Prevention Board.

(6) A hospital may exceed its licensed capacity by up to 20% in response to any incident that overwhelms the facility~~[a mass casualty event, or other unusual event, which causes a need for hospital beds that exceeds the current licensed hospital capacity of the affected geographic area].~~

(a) A hospital which exceeds its licensed capacity under this provision shall notify the Department within 72 hours of exceeding its licensed capacity. ~~[This notice shall be by fax or telephone call to the licensing agency.]~~

(b) Approval must be obtained from the Department to exceed 20% above licensed capacity.

(c) The Department may direct that the hospital reduce its patient census to its licensed capacity at any time.

**R432-100-39. Penalties.**

Any person who violates any provision of this rule may be subject to the penalties enumerated in 26-21-11 and R432-3-6 and be punished for violation of a class A misdemeanor as provided in 26-21-16.

**KEY: health care facilities**

**Date of Enactment or Last Substantive Amendment:** ~~[October 1, 2011]~~ **2012**

**Notice of Continuation:** December 13, 2010

**Authorizing, and Implemented or Interpreted Law:** 26-21-5; 26-21-2.1; 26-21-20

Health, Family Health and Preparedness, Licensing  
**R432-270-6**  
 Administrator Qualifications

**NOTICE OF PROPOSED RULE**  
 (Amendment)

DAR FILE NO.: 35499  
 FILED: 12/01/2011

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** The change in Section R432-270-6 deletes an outdated rule requirement.

**SUMMARY OF THE RULE OR CHANGE:** The change in Section R432-270-6 deletes an outdated rule requirement for the facility administrator to be of good moral character. The rule will still require the administrator to successfully complete the background screening process as per Rule R432-35. This amendment was approved by the Health Facilities Committee on 11/16/2011. This committee has representation from a broad cross section of the entities affected by this rule.

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 26, Chapter 21

**ANTICIPATED COST OR SAVINGS TO:**

- ◆ **THE STATE BUDGET:** No state budgets will be affected since there will be no change in current practice.
- ◆ **LOCAL GOVERNMENTS:** No local government budgets will be affected since there will be no change in current practice.
- ◆ **SMALL BUSINESSES:** No small business budgets will be affected since there will be no change in current practice.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** No other persons budgets will be affected since there will be no change in current practice.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** No affected persons budgets will be affected since there will be no change in current practice.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** This proposed rule eliminates an outdated requirement and is not expected to have any fiscal impact on business.

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

HEALTH  
 FAMILY HEALTH AND PREPAREDNESS,  
 LICENSING  
 CANNON HEALTH BLDG  
 288 N 1460 W  
 SALT LAKE CITY, UT 84116-3231  
 or at the Division of Administrative Rules.

**DIRECT QUESTIONS REGARDING THIS RULE TO:**

◆ Carmen Richins by phone at 801-538-9087, by FAX at 801-538-6024, or by Internet E-mail at carmenrichins@utah.gov  
 ◆ Joel Hoffman by phone at 801-538-6279, by FAX at 801-538-6024, or by Internet E-mail at jhoffman@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

**R432. Health, Family Health and Preparedness, Licensing.****R432-270. Assisted Living Facilities.****R432-270-6. Administrator Qualifications.**

(1) The administrator shall have the following qualifications:

- (a) be 21 years of age or older;
- (b) have knowledge of applicable laws and rules;
- (c) have the ability to deliver, or direct the delivery of, appropriate care to residents;
- (d) ~~be of good moral character;~~
- (e) ~~successfully~~ complete the criminal background screening process defined in R432-35; and
- (~~e~~~~f~~) for all Type II facilities, complete a Department approved national certification program within six months of hire.

(2) In addition to R432-270-6(1) the administrator of a Type I facility shall have an associate degree or two years experience in a health care facility.

(3) In addition to R432-270-6(1) the administrator of a Type II small or limited-capacity assisted living facility shall have one or more of the following:

- (a) an associate degree in a health care field;
- (b) two years or more management experience in a health care field; or
- (c) one year's experience in a health care field as a licensed health care professional.

(4) In addition to R432-270-6(1) the administrator of a Type II large assisted living facility must have one or more of the following:

- (a) a State of Utah health facility administrator license;
- (b) a bachelor's degree in a health care field, to include management training or one or more years of management experience;
- (c) a bachelor's degree in any field, to include management training or one or more years of management experience and one year or more experience in a health care field; or
- (d) an associates degree and four years or more management experience in a health care field.

**KEY: health care facilities**

**Date of Enactment or Last Substantive Amendment:** ~~October 1, 2011~~ **2012**

**Notice of Continuation: December 16, 2009**

**Authorizing, and Implemented or Interpreted Law:** 26-21-5; 26-21-1

Health, Family Health and  
Preparedness, Licensing  
**R432-650**  
End Stage Renal Disease Facility  
Rules

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 35472

FILED: 11/18/2011

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** Coordinate with federal requirements that went into effect in 2009. These changes have been vetted in two meetings with providers and interested parties and have been approved by the Health Facilities Committee.

**SUMMARY OF THE RULE OR CHANGE:** The rule mimics federal standards that went into effect in 2009 including the adoption of chapter 20 of the NFPA 101 Life Safety Code and provisions for blood borne isolation for patients with Hepatitis B (HBV+).

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 26, Chapter 21

**ANTICIPATED COST OR SAVINGS TO:**

◆ **THE STATE BUDGET:** The cost of printing and distribution of the revised rule. State expenses are expected to be completed within the usual course of business and existing budgets. NFPA 101 Life Safety Code is federal condition of participation in Medicare and Medicaid and is adopted by the Office of the State Fire Marshal. NFPA 101 should already be in the DAR library.

◆ **LOCAL GOVERNMENTS:** The rule change has no impact on local government because these standards are enforced at the state level.

◆ **SMALL BUSINESSES:** The rule restates federal requirements that are already in effect. There are no new substantive requirements.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** The rule restates federal requirements that are already in effect. There are no new substantive requirements.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** The rule change will not increase compliance costs for providers.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This rule has been extensively discussed with the regulated businesses and they appear to concur that updating the rule to adopt updated federal accessibility standards and the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities is appropriate. Public comment received will be carefully evaluated for any unforeseen fiscal impact.

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

HEALTH  
FAMILY HEALTH AND PREPAREDNESS,  
LICENSING  
CANNON HEALTH BLDG  
288 N 1460 W  
SALT LAKE CITY, UT 84116-3231  
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Andrew Baxter by phone at 801-538-6140, by FAX at 801-538-6325, or by Internet E-mail at [andrewbaxter@utah.gov](mailto:andrewbaxter@utah.gov)  
♦ Joel Hoffman by phone at 801-538-6279, by FAX at 801-538-6024, or by Internet E-mail at [jhoffman@utah.gov](mailto:jhoffman@utah.gov)

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012

AUTHORIZED BY: David Patton, PhD, Executive Director

### **R432. Health, Family Health and Preparedness, Licensing.**

#### **R432-650. End Stage Renal Disease Facility Rules.**

##### **R432-650-1. Legal Authority.**

This rule is adopted pursuant to Title 26, Chapter 21.

##### **R432-650-14. Physical Environment.**

The following standards apply for new construction and remodeling of ESRD facilities:

(1) R432-4-1 through R432-4-22 is adopted and incorporated by reference.

(2) ESRD Facilities shall comply with NFPA 101 Life Safety Code, Chapter 20 except that an essential electrical system is not required.

(+)(3) The treatment area may be an open area and shall be separate from the administrative and waiting area. Individual treatment areas must contain at least 80 square feet. Each treatment area shall have the capacity for privacy for each patient for treatment related procedures or personal care.

(-)(4) The dialysis treatment area must include a nurses station designed to provide visual observation of the patient treatment area.

(-)(5) There shall be at least one hand washing facility serving no more than eight stations. All hand washing stations shall be convenient to the nurses station and treatment areas.

(6) A separate blood borne infectious isolation patient treatment room shall be provided and shall:

(a) be fully enclosed;

(b) contain a handwash sink;

(c) contain windows to permit observation of the patient from the nurse station and other treatment areas;

(d) contain space for clean and soiled gowns and supplies; and

(e) be dedicated to patients with blood borne diseases and shall not be used by patients without blood borne diseases.

(+)(7) If an airborne infectious isolation room is required to control airborne infection, the airborne infectious isolation room shall have a separate hand washing facility and comply with R386-702, Communicable Disease Rule, and other applicable standards determined in the pre-construction plan review process. The room shall be tightly sealed and all air from the room shall be exhausted. Exhaust air shall be a minimum of 125 cubic feet per minute greater than supply air.

(a) The airborne infectious isolation rooms may be used for patients without airborne communicable disease when not in use as an isolation room.

(-)(8) If the ESRD facility provides home dialysis training, a private treatment room of at least 120 square feet is required for patients who are being trained to use dialysis equipment at home. The room shall contain a counter, hand washing facilities, and a separate drain for fluid disposal.

(-)(9) Each ESRD facility must provide a clean work area that is separate from soiled work areas. If the area is used for preparing patient care items, it must contain a work counter, hand washing facilities, and storage facilities for clean and sterile supplies. If the area is used only for storage and holding as part of a system for distribution of clean and sterile materials, the work counter and hand washing facilities may be omitted.

(-)(10) Each ESRD facility must provide a soiled work area room that contains a hand washing sink, work counter, storage cabinets, waste receptacles and a soiled linen receptacle.

(-)(11) If dialyzers are reused, a reprocessing room is required that is sized and equipped to perform the functions required and to include one-way flow of materials from soiled to clean with provisions for refrigerated temporary storage of dialyzers, a decontamination and cleaning area, sinks processors, computer processors and label printers, a packaging area, and dialyzer storage cabinets.

(-)(12) If a nourishment station for dialysis service is provided, the nourishment station must contain a sink, a work counter, a refrigerator, storage cabinets, and equipment for serving nourishments as required.

(-)(13) Each ESRD facility must have an environmental services closet immediately available to the treatment area. The closet must contain a floor receptor or service sink and storage space for housekeeping supplies and equipment.

(+)(14) If an equipment maintenance service area is provided, the service area must contain hand washing facilities, a work counter and a storage cabinet.

(+)(15) Each ESRD facility must provide a supply area or supply carts.

(+)(16) Storage space out of the direct line of traffic shall be available for wheelchairs and stretchers, if stretchers are provided.

~~[(14)]~~(17) Each ESRD facility must provide a clean linen storage area commensurate with the needs of the facility. The storage area may be within the clean work area, a separate closet, or distribution system. If a closed cart distribution system is used for clean linen, the cart must be stored out of the path of normal traffic.

~~[(15)]~~(18) Each ESRD facility using central batch delivery system, must provide, either on premises or through written arrangements, individual delivery systems for the treatment of any patient requiring special dialysis solutions.

~~[(16)]~~(19) Each ESRD facility must house water treatment equipment in an enclosed room at a sufficient distance from the patient treatment area to prevent machinery and operational noise from disturbing patients.

~~[(17)]~~(20) Each ESRD facility must provide a patient toilet with hand washing facilities immediately adjacent to the treatment area.

~~[(18)]~~(21) Each ESRD facility must provide lockers, toilets and hand washing facilities for staff.

~~[(19)]~~(22) Each ESRD facility must provide a secure storage area for patients' belongings.

~~[(20)]~~(23) A waiting area with seating accommodations shall be available or accessible to the dialysis unit. A toilet room with hand washing facilities, a drinking fountain, and a telephone for public use shall be available or accessible for use by persons using the waiting room.

~~[(21)]~~(24) Office and clinical work space shall be available for administrative services.

(25) All finishes shall be tight fitting, easily maintained and cleanable, resistant to cleaning chemicals, and detailed to minimize the potential for microbial growth.

(26) The reprocessing room, water treatment room, supply rooms, clean and soiled work rooms, soiled holding rooms shall be lockable and restricted to authorized personnel only.

(27) The reprocessing room, soiled work, holding room, and environmental services closet shall have continuous exhaust ventilation at the rate of not less than 10 air changes per hour and sufficient to generate inward air flow.

(28) Patient and public toilet rooms and exam rooms shall be equipped with an emergency call system. The call system shall require only momentary contact to activate, shall identify the source of the call and shall be cancelable only at the source of the call. The call system in toilet rooms shall be accessible to a collapsed patient lying on the floor. Inclusion of a pull cord will satisfy this requirement.

**KEY: health care facilities**

**Date of Enactment or Last Substantive Amendment:** ~~[October 1, 2011]~~2012

**Notice of Continuation:** September 27, 2007

**Authorizing, and Implemented or Interpreted Law:** 26-21-5; 26-21-16

**Insurance, Administration  
R590-263-3  
Most Commonly Selected**

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 35483

FILED: 11/29/2011

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** This rule is being changed at the request of industry to make it easier for those health insurers that find the deadline in Section R590-263-3 impossible to comply with without changing their computer processes or for some other reason.

**SUMMARY OF THE RULE OR CHANGE:** The change to this rule is to accommodate allowances for insurer's internal processes. The change allows a licensed insurer to seek a date other than July 1 in Section R590-263-3 to comply with, if that date is burdensome. The focus of the rule and the Health Exchange is to provide more health benefit plans to choose from. The current date could result in fewer plans to choose from.

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Subsection 31A-30-205(1)(d)(iii)

**ANTICIPATED COST OR SAVINGS TO:**

◆ **THE STATE BUDGET:** This change will not affect the State's budget positively or negatively. Employee workload will not be increased.

◆ **LOCAL GOVERNMENTS:** This rule does not affect local government since it deals with the relationship between the department and its licensees.

◆ **SMALL BUSINESSES:** The change could affect small employers if fewer plans are available on the Health Exchange.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** The change to this rule is being made to make allowance to those health insurers that find the compliance date in Section R590-263-3 burdensome and expensive to comply with. There is also the possibility that without this change an insurer might withdraw their benefit plans from the state and the Health Exchange rather than incur this cost, thereby impacting the Exchange and consumers by reducing the number of benefit plans to choose from.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** The change to this rule is being made to make allowance to those health insurers that find the compliance date in Section R590-263-3 burdensome and expensive to comply with. There is also the possibility that without this change an insurer might withdraw their benefit plans from the state and the Health Exchange rather than incur this cost, thereby impacting the Exchange and consumers by reducing the number of benefit plans to choose from.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** The change to this rule will have a positive financial impact on



health insurers that find the deadline in Section R590-263-3 financially and physically burdensome. It could likely have a positive impact on the Health Insurance Exchange by encouraging more health insurers to participate.

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 Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Jilene Whitby by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at [jwhitby@utah.gov](mailto:jwhitby@utah.gov)

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012

AUTHORIZED BY: Jilene Whitby, Information Specialist

**R590. Insurance, Administration.**

**R590-263. Commonly Selected Health Benefit Plans.**

**R590-263-3. Most Commonly Selected.**

(1) As used in Subsection 31A-30-205(1)(d), the four most commonly selected small employer group health benefit plans to be offered as of January 1 each year are the carrier's four plans that are currently marketed to small employer groups that have the largest number of covered individuals as of the preceding July 1 or another date approved by the commissioner.

(2) If a carrier removes one of the four most commonly selected plans from the market, the carrier shall again determine the four most commonly selected small employer group health benefit plans currently marketed by the carrier so that there are four plans at all times.

(3) The carrier shall:

(a) maintain the documentation used to determine the four plans in Subsection (1) for a period of the current calendar year plus three years; and

(b) make the documentation available for review upon the commissioner's request.

**KEY: insurance health benefit plans**

**Date of Enactment or Last Substantive Amendment:** [~~October 27, 2011~~]**2012**

**Authorizing, and Implemented or Interpreted Law:** 31A-30-205(1)(d)(iii)

**Public Safety, Criminal Investigations  
and Technical Services, Criminal  
Identification**

**R722-350-3**

**Application for a Certificate of Eligibility**

**NOTICE OF PROPOSED RULE**

(Amendment)

DAR FILE NO.: 35487

FILED: 11/30/2011

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** The purpose of this amendment is to clarify that each "criminal episode in it's entirety" will be considered in determining eligibility for expungement.

**SUMMARY OF THE RULE OR CHANGE:** The change clarifies that each "criminal episode in it's entirety" will be considered in determining eligibility for expungement.

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Title 77, Chapter 40

**ANTICIPATED COST OR SAVINGS TO:**

♦ **THE STATE BUDGET:** No aggregate anticipated cost or savings to the state budget. This proposed amendment addresses the clarification of "criminal episode in it's entirety," thus no aggregate cost or savings to the state budget is anticipated.

♦ **LOCAL GOVERNMENTS:** No aggregate anticipated cost or savings to local government. This proposed amendment addresses the clarification of "criminal episode in it's entirety," thus no aggregate cost or savings to local government is anticipated.

♦ **SMALL BUSINESSES:** No aggregate anticipated cost or savings to small businesses. This proposed amendment addresses the clarification of "criminal episode in it's entirety," thus no aggregate cost or savings to small businesses is anticipated.

♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** No aggregate anticipated cost or savings to person's other than small businesses, businesses, or local government entities. This proposed amendment addresses the clarification of "criminal episode in it's entirety," thus no aggregate cost or savings to person's other than small businesses, businesses, or local government entities is anticipated.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** No compliance costs. As this rule addresses the clarification of "criminal episode in it's entirety," there are no anticipated compliance costs for any of the persons addressed above.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This should not have any particular effect on business since it is only implementing an amendment to clarify that the "criminal episode in its entirety" is considered in making eligibility determinations.

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

PUBLIC SAFETY  
CRIMINAL INVESTIGATIONS AND TECHNICAL SERVICES, CRIMINAL IDENTIFICATION  
3888 W 5400 S  
TAYLORSVILLE, UT 84118  
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Alice Moffat by phone at 801-965-4939, by FAX at 801-965-4944, or by Internet E-mail at aerickso@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012

AUTHORIZED BY: Alice Moffat, Bureau Chief

**R722. Public Safety, Criminal Investigations and Technical Services, Criminal Identification.**

**R722-350. Certificate of Eligibility.**

**R722-350-3. Application for a Certificate of Eligibility.**

(1)(a) An application for a certificate of eligibility must be made in writing to the bureau by filing out the application form established by the bureau.

(b) An application form must be accompanied by a payment of \$25.00 in the form of cash, check, money order, or credit card.

~~[(2) Upon receipt of a completed application form and payment of the application fee, the bureau shall determine whether the petitioner meets the requirements for a certificate of eligibility found in Sections 77-40-104 and 77-40-105 by reviewing federal, state and local government records.](2)(a) Upon receipt of a completed application form and payment of the application fee, the bureau shall review each criminal episode contained on the petitioner's criminal history, in its entirety, to determine whether the petitioner meets the requirements for a certificate of eligibility found in Sections 77-40-104 and 77-40-105.~~

~~(b) In making its determination, the bureau shall also review all federal, state and local criminal records, to which it has access.~~

(3) If the bureau has insufficient information to determine if the petitioner meets the requirements for a certificate of eligibility, the bureau may request that the petitioner submit additional information.

(4) If the bureau is unable to obtain disposition information regarding the petitioner's criminal history or cannot determine whether the petitioner meets the requirements for a

certificate of eligibility found in Sections 77-40-104 and 77-40-105, the bureau shall send a letter to the petitioner, at the address indicated on the application form, indicating that the petitioner may obtain a special certificate for each criminal episode upon the payment of \$56.00, per special certificate.

(5) If the bureau determines that the petitioner meets the requirements for the issuance of a certificate of eligibility found in Section 77-40-104, the bureau shall send the certificate of eligibility to the petitioner, at the address indicated on the application form, unless the charges were dismissed pursuant to a plea in abeyance agreement under Title 77, Chapter 2a, Pleas in Abeyance, or a diversion agreement under Title 77, Chapter 2, Prosecution, Screening, and Diversion.

(6) If the bureau determines that the petitioner meets the requirements for the issuance of a certificate of eligibility under any other circumstances, the bureau shall send a letter to the petitioner, at the address indicated on the application form, indicating that the petitioner must pay \$56.00 for each certificate of eligibility.

(7) If the bureau determines that the petitioner does not meet the criteria for the issuance of a certificate of eligibility, the bureau shall send a letter to the petitioner, at the address indicated on the application form, which describes the reasons why the petitioner's application was denied and notifies the petitioner that the petitioner may seek agency review of the bureau's decision by following the procedures outlined in R722-350-4.

**KEY: expungement, certificate of eligibility**

**Date of Enactment or Last Substantive Amendment: [February 22, 2011] 2012**

**Authorizing, and Implemented or Interpreted Law: 77-40**

**Workforce Services, Employment  
Development  
R986-200-247  
Utah Back to Work Pilot Program  
(BWP)**

**NOTICE OF PROPOSED RULE  
(Amendment)**

DAR FILE NO.: 35501

FILED: 12/01/2011

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** The purpose of this amendment is to clarify the rule and provide guidance to employers.

**SUMMARY OF THE RULE OR CHANGE:** The amendment changes the requirements for subsidy payment to accommodate employers who might hire an employee within a week of qualifying for the subsidy. Also, to provide guidance for when an overpayment occurs.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 35A-1-104 and Subsection 35A-1-104(4) and Subsection 35A-3-302(5)(b)

ANTICIPATED COST OR SAVINGS TO:

◆ THE STATE BUDGET: This applies to federally-funded programs so there are no costs or savings to the state budget.

◆ LOCAL GOVERNMENTS: This is a federally-funded program so there are no costs or savings to the local government.

◆ SMALL BUSINESSES: There will be no costs to any small business to comply with these changes because there are no costs or fees associated with these proposed changes.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: There will be no costs to any persons to comply with these changes because there are no costs or fees associated with these proposed changes.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs associated with these changes for any affected persons because this is a federally-funded program and there are no fees or costs associated with these proposed changes.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: There are no compliance costs associated with this change. There are no fees associated with this change. There will be no cost to anyone to comply with these changes. There will be no fiscal impact on any business.

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 Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Suzan Pixton by phone at 801-526-9645, by FAX at 801-526-9211, or by Internet E-mail at spixton@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012

AUTHORIZED BY: Kristen Cox, Executive Director

**R986. Workforce Services, Employment Development.**

**R986-200. Family Employment Program.**

**R986-200-247. Utah Back to Work Pilot Program (BWP).**

(1) BWP is a voluntary program providing short term subsidized employment for a maximum of three months to an

eligible unemployment insurance (UI) claimant. To be eligible, a UI claimant must:

(a) be currently receiving UI benefits and have received at least one week of paid UI benefit. The waiting week is not considered a "paid" benefit for the purposes of this section;

(b) be legally eligible to work in the U.S. and be a U.S. citizen or meet the alienage requirements of R986-200-203;

(c) have at least 1 week of UI benefits remaining on his or her claim. The week can be Extended Benefits under 35A-4-402 or Emergency Unemployment Compensation (EUC) benefits as defined by the UI division;

(d) be the parent of at least one minor dependent child and be contributing to the financial support of that child or children;

(e) have not worked for the employer where the claimant is to be hired under this program more than 40 hours in the 60 days immediately preceding the date of hire under the BWP program;

(f) have not previously participated in the BWP or BWY program; and

(g) sign a "statement of facts" agreement.

(2) The Utah Back to Work Youth Program (BWY) provides short term subsidized employment for a maximum of three months to unemployed youth 18-24 years of age. BWY youth must be legally eligible to work in the U.S. and be unemployed but do not need to be receiving or eligible to receive UI benefits. BWY youth do not need to be a parent but must meet the requirements of subsections (1)(e) through (g) of this section. Eligible Utah Back to Work Youth who are also eligible UI claimants are not required to have a minor dependent child.

(3) An employer eligible for a subsidy under this section is an employer that:

(a) is registered with the Department's UI division as an active employer in "good standing". For the purposes of this section, "good standing" means the employer has no delinquent UI contributions or reports, or has no outstanding balance owed the BWP program;

(b) is a "qualified employer" which "means any employer other than the United States, any State, or any political subdivision" or instrumentality thereof. A public institution of higher education is considered a "qualified employer" for purposes of this section. The employer cannot be a Temporary Help Company as defined in R994-202-102 or a Professional Employer Organization as defined in R994-202-106;

(c) pays a wage of at least \$9 per hour. Commission only jobs may qualify if the employer guarantees \$9 per hour or more, employees who receive gratuities plus wages may qualify if the employer reports \$9 per hour or more to the UI Contributions division;

(d) has not displaced or partially displaced existing workers by participating in this program;

(e) has at least one other employee;

(f) will provide the claimant with at least 35 hours work per week;

(g) does not hire the claimant for temporary or seasonal work and

(h) has signed a participation agreement with the department. The agreement must be signed [before]no later than seven calendar days after the "date of hire" of the qualified unemployed individual. A qualified unemployed individual is one who has enrolled in, and is eligible for, the BWP. The date of hire

means the date services for remuneration were first performed by the employee.

(4) Once it has been verified that a claimant has been hired, a qualified employer will be paid a \$500 subsidy and an additional \$1,500 subsidy at the conclusion of the third month of employment provided the required DWS invoices have been provided.

(5) If any employer has received any subsidy payment from DWS that the department determines was not entitled to,

(a) the employer shall repay the sum, or shall, at the discretion of the department, have the sum deducted from any future subsidy payment payable to the employer;

(b) the sum the employer is determined liable for shall be collectible in the same manner as provided for in Section 35A-3-601 et seq.

(6) A review of a decision or determination involving BWP subsidy payment liability shall be made in accordance with the provisions of Section 35A-3-605(2) and Department rules R986-100-123 et seq.

([5]7) BWP and BWY will continue for as long as funding is available.

**KEY: family employment program**

**Date of Enactment or Last Substantive Amendment:** ~~November 1, 2011~~ 2012

**Notice of Continuation:** September 8, 2010

**Authorizing, and Implemented or Interpreted Law:** 35A-3-301 et seq.

**Workforce Services, Employment  
Development  
R986-900-902  
Options and Waivers**

**NOTICE OF PROPOSED RULE**  
(Amendment)  
DAR FILE NO.: 35502  
FILED: 12/01/2011

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** The purpose of this amendment is to opt out of a federal waiver.

**SUMMARY OF THE RULE OR CHANGE:** Able bodied individuals will no longer be exempt from the work requirement if they reside in a county with high unemployment. Also to reflect the Department's new hours.

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Section 35A-1-104 and Section 35A-3-103 and Subsection 35A-1-104(4) and Subsection 35A-4-502(1)(b)

**ANTICIPATED COST OR SAVINGS TO:**

♦ **THE STATE BUDGET:** This applies to federally-funded programs so there are no costs or savings to the state budget.

♦ **LOCAL GOVERNMENTS:** This is a federally-funded program so there are no costs or savings to the local government.

♦ **SMALL BUSINESSES:** There will be no costs to small businesses to comply with these changes because this is a federally-funded program.

♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** There will be no costs to persons to comply with these changes because there are no costs or fees associated with these proposed changes.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** There are no compliance costs associated with these changes for any affected persons because this is a federally-funded program and there are no fees or costs associated with these proposed changes.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** There are no compliance costs associated with this change. There are no fees associated with this change. There will be no cost to anyone to comply with these changes. There will be no fiscal impact on any business.

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 Division of Administrative Rules.

**DIRECT QUESTIONS REGARDING THIS RULE TO:**

♦ Suzan Pixton by phone at 801-526-9645, by FAX at 801-526-9211, or by Internet E-mail at spixton@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012

THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012

AUTHORIZED BY: Kristen Cox, Executive Director

**R986. Workforce Services, Employment Development.  
R986-900. Food Stamps.  
R986-900-902. Options and Waivers.**

The Department administers the Food Stamp Program in compliance with federal law with the following exceptions or clarifications:

(1) The following options not otherwise found in R986-100 have been adopted by the Department where allowed by the applicable federal law or regulation:

(a) The Department has opted to hold hearings at the state level and not at the local level.

(b) The Department does not offer a workfare program for ABAWDs (Able Bodied Adults Without Dependents).

(c) An applicant is required to apply at the local office which serves the area in which they reside.

(d) The Department has opted to use the Simplified Standard Utility Allowance found in 7 USC 2014(e)(7)(C)(iii) as amended by 2002 H.R. 2646 known as Section 4104 of the Farm Bill. The Department has a mandatory standard utility allowance. This means the customer is eligible for an appropriate utility allowance at the time of application and eligibility for the appropriate allowance is re-determined at recertification or if the household moves to a different place of residence. The customer does not have the choice of using "actual" utility expenses. The Department has three utility standards that are updated annually and are available upon request. This Farm Bill option allows households in subsidized housing and households in shared living arrangements to receive the full appropriate utility allowance.

(e) The Department does not use photo ID cards. ID cards are available upon request to homeless, disabled, and elderly clients so that the client is able to use food stamp benefits at a participating restaurant.

(f) The state has opted to provide food stamp benefits through the use of an electronic benefit transfer system known as the Horizon Card.

(g) The Department counts diversion payments in the food stamp allotment calculation.

~~[(h)] The Department has opted to exempt individuals from mandatory participation in Food Stamp Employment and Training activities in counties that have been designated as Labor Surplus Areas by the Department of Labor. These counties change each year based on Department of Labor statistics and a list of counties is available from the Department. They are the same counties as referenced in subsection (2)(a) below.~~

[(i)] The Department has opted to use Utah's TANF vehicle allowance rules in conjunction with the Food Stamp Program vehicle allowance regulations at 7 CFR 273.8, as authorized by Pub. L. No. 106-387 of the Agriculture Appropriations Act 2001, Food Stamp Act of 1977, 7 USC 2014.

[(j)] The Department has opted to count all of an ineligible alien's resources and all but a pro rata share of the ineligible alien's income and deductible expenses as provided in 7 CFR 273.11(c)(3)(ii)(A).

[(k)] A client may waive his or her right to an administrative disqualification hearing.

[(l)] A client may deduct actual, allowable expenses from self employment, or may opt to deduct 40% of the gross income from self employment to determine net income.

[(m)] The Department has opted to align food stamps with FEP in determining how to count educational assistance income. That income is counted for food stamps as provided in R986-200-235(3)(q).

[(n)] The Department has opted to do simplified reporting as provided in 7 CFR 273.12(a)(1)(vii).

[(o)] The Department has opted to operate a Mini Simplified Food Stamp Program under 7 CFR 273.25. Under this option, a client receiving food stamps and FEP or FEPTP, must participate as required in R986-200-210. A client found ineligible due to non-compliance under R986-200-212 will also be subject to the food stamp sanctions found in 7CFR 273.7(f)(2) unless the client meets an exemption under food stamp regulations.

[(p)] Effective July 1, 2010, the Department will count the full income of an ineligible alien household member for both the gross and net income tests and for determining the level of benefits. The deductible expenses of the ineligible alien household member will no longer be prorated and the full value of all assets will continue to be counted. This also applies to ineligible aliens who are unable or unwilling to provide documentation of their alien status. This does not apply to the following ineligible aliens:

(i) An alien who is lawfully admitted as a permanent resident.

(ii) An alien who is granted asylum under Section 208 of the INA.

(iii) An alien who is admitted as a refugee under Section 207 of the INA.

(iv) An alien who is paroled in accordance with Section 212(d)(5) of the INA.

(v) An alien whose deportation or removal has been withheld in accordance with Section 243 of the INA.

(vi) An alien who is aged, blind or disabled and is admitted for temporary or permanent residency under Section 245A(b)(1) of the INA.

(vi) An alien who is a special agricultural worker admitted for temporary residence under Section 210 (a) of the INA.

For an ineligible alien listed in this subparagraphs (i) through (vi), a prorated share of the ineligible alien's income and expenses will be counted for purposes of applying the gross and net income tests and to determine the level of benefits. The full amount of the ineligible alien's assets will count.

(2) The Department has been granted the following applicable waivers from the Food and Nutrition Service:

~~[(a)] Certain Utah counties have been granted a waiver which exempts ABAWDs from the work requirements of Section 824 of PRWORA. The counties granted this waiver change each year based on Department of Labor statistics. A list of counties granted this waiver is available from the Department.~~

[(b)] The Department requires that a household need only report changes in earned income if there is a change in source, the hourly rate or salary, or if there is a change in full-time or part-time status. A client is required to report any change in unearned income over \$25 or a change in the source of unearned income.

[(c)] The Department uses a combined Notice of Expiration and Shortened Recertification Form. Notice of Expiration is required in 7 CFR 273.14(b)(1)(i). The Recertification Form is found under 7 CFR 273.14(b)(2)(i).

[(d)] The Department conducts the Family Nutrition Education Program for individuals even if they are otherwise ineligible for food stamps.

([e]d) The Department may deduct overpayments that resulted from an IPV from a household's monthly entitlement.

([f]e) If the application was received before the 15th of the month and the client has earned income, the certification period can be no longer than six months. The initial certification period may be as long as seven months if the application was received after the 15th of the month.

([g]f) A household which had its food stamps terminated can be reinstated during the calendar month following the month assistance was terminated without completing a new application if the reason for the termination is fully resolved. The reason for the termination does not matter. Assistance will be prorated to the date on which the client reported that the disqualifying condition was resolved if verification is received within ten days of the report. Assistance is reinstated for the remaining months of the certification period and the certification period must not be changed.

([h]g) If the Department is unable to obtain proper documentary evidence from an employer, the Department may use Utah quarterly wage data as the primary verification of income when calculating overpayments.

([i]h) The Department will hold disqualification hearings by telephone.

([j]i) All initial interviews, and recertification interviews for households certified for 12 months or less, will have their initial or recertification interviews conducted by telephone, rather than in person, unless the household requests an in-person interview or the Department determines that an in-person interview is necessary to resolve issues that would be better facilitated face-to-face.

([k]j) The federal regulation that requires all interviews be scheduled for a specific date and time is waved for initial telephone interviews. This allows clients to call anytime Monday through Thursday from 7 am to 5:30 p.m. to complete the required initial interview.

([l]k) To meet the student work exemption, a student enrolled in post-secondary education half-time or more must work an average of 20 hours per week. The work hours must be averaged over the 30 days immediately prior to the date of application or recertification.

**KEY: food stamps, public assistance**

**Date of Enactment or Last Substantive Amendment: ~~July 1, 2010~~ 2012**

**Notice of Continuation: September 8, 2010**

**Authorizing, and Implemented or Interpreted Law: 35A-3-103**

**End of the Notices of Proposed Rules Section**

## NOTICES OF CHANGES IN PROPOSED RULES

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After an agency has published a **PROPOSED RULE** in the *Utah State Bulletin*, it may receive public comment that requires the **PROPOSED RULE** to be altered before it goes into effect. A **CHANGE IN PROPOSED RULE** allows an agency to respond to comments it receives.

As with a **PROPOSED RULE**, a **CHANGE IN PROPOSED RULE** is preceded by a **RULE ANALYSIS**. This analysis provides summary information about the **CHANGE IN PROPOSED RULE** including the name of a contact person, anticipated cost impact of the rule, and legal cross-references.

While the law does not designate a comment period for a **CHANGE IN PROPOSED RULE**, it does provide for a 30-day waiting period. An agency may accept additional comments during this period, and, at its option, may designate a comment period or may hold a public hearing. The 30-day waiting period for **CHANGES IN PROPOSED RULES** published in this issue of the *Utah State Bulletin* ends January 17, 2012.

Following the **RULE ANALYSIS**, the text of the **CHANGE IN PROPOSED RULE** is usually printed. The text shows only those changes made since the **PROPOSED RULE** was published in an earlier edition of the *Utah State Bulletin*. Additions made to the rule appear underlined (e.g., example). Deletions made to the rule appear struck out with brackets surrounding them (e.g., [~~example~~]). A row of dots in the text between paragraphs (. . . . .) indicates that unaffected text, either whole sections or subsections, was removed to conserve space. If a **CHANGE IN PROPOSED RULE** is too long to print, the Division of Administrative Rules will include only the **RULE ANALYSIS**. A copy of rules that are too long to print is available from the agency or from the Division of Administrative Rules.

From the end of the 30-day waiting period through April 13, 2012, an agency may notify the Division of Administrative Rules that it wants to make the **CHANGE IN PROPOSED RULE** effective. When an agency submits a **NOTICE OF EFFECTIVE DATE** for a **CHANGE IN PROPOSED RULE**, the **PROPOSED RULE** as amended by the **CHANGE IN PROPOSED RULE** becomes the effective rule. The agency sets the effective date. The date may be no fewer than 30 days nor more than 120 days after the publication date of the **CHANGE IN PROPOSED RULE**. If the agency designates a public comment period, the effective 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. Alternatively, the agency may file another **CHANGE IN PROPOSED RULE** in response to additional comments received. If the Division of Administrative Rules does not receive a **NOTICE OF EFFECTIVE DATE** or another **CHANGE IN PROPOSED RULE** by the end of the 120-day period after publication, the **CHANGE IN PROPOSED RULE** filing, along with its associated **PROPOSED RULE**, lapses and the agency must start the process over.

**CHANGES IN PROPOSED RULES** are governed by Section 63G-3-303; Rule R15-2; and Sections R15-4-3, R15-4-5, R15-4-7, and R15-4-9.

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**The Changes in Proposed Rules Begin on the Following Page**

**Insurance, Administration**  
**R590-262**  
**Health Data Authority Health Insurance**  
**Claims Reporting**

**NOTICE OF CHANGE IN PROPOSED RULE**

DAR FILE NO.: 35201  
 FILED: 11/23/2011

**RULE ANALYSIS**

**PURPOSE OF THE RULE OR REASON FOR THE CHANGE:** This change is a result of comments received during the initial comment period.

**SUMMARY OF THE RULE OR CHANGE:** Changes to the rule include corrections in punctuation, grammar, and numbering. More substantive changes include the addition of (c) to Subsection R590-262-2(2) that allows health data to be used for the enrollment data elements identified in Rule R428-15, Health Data Authority Health Insurance Claims Reporting; deletion of Section R590-262-4, Reporting Requirements, since this information is already found in the code; the addition of a new Subsection R590-262-4(4), Reporting Process, requires an insurer to submit medical claims, enrollment and pharmacy data files for all Utah residents; in Section R590-262-7, Insurer Registration, adds the latest date possible to register online with the Office of Health Care Statistics; and in Section R590-262-11, Provider Notification, has been added requiring notification to those receiving shared data. (DAR NOTE: This change in proposed rule has been filed to make additional changes to a proposed new rule that was published in the September 15, 2011, issue of the Utah State Bulletin, on page 41. Underlining in the rule below indicates text that has been added since the publication of the proposed rule mentioned above; strike-out indicates text that has been deleted. You must view the change in proposed rule and the proposed new rule together to understand all of the changes that will be enforceable should the agency make this rule effective.)

**STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:** Section 31A-22-614.5

**ANTICIPATED COST OR SAVINGS TO:**

◆ **THE STATE BUDGET:** The changes to this rule will have no fiscal impact on the department's costs, revenues, or workload. No filings will need to be made to the department. The only change in procedure is the requirement to provide an electronic notification with those to whom data is being shared.

◆ **LOCAL GOVERNMENTS:** This rule will have no fiscal impact on local government. The rule requires certain entities that pay health care claims to submit data to the Utah Department of Health.

◆ **SMALL BUSINESSES:** Small businesses that would be affected by this rule are the Clinical Health Information Exchange (CHIE), and any small business they share their data with. There will be no fiscal impact on these entities as a result of these changes. There is a procedural change that requires those like CHIE that share this data, to, at the same time, provide an electronic notification.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** There will be no fiscal impact as a result of this rule. The only procedural change is that of providing an electronic notice to anyone that the data is shared with.

**COMPLIANCE COSTS FOR AFFECTED PERSONS:** There will be no fiscal impact as a result of this rule. The only procedural change is that of providing an electronic notice to anyone that the data is shared with.

**COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:** The changes to this rule will have no fiscal impact on businesses. The changes are to clean-up grammar, punctuation and outlining, plus it adds online notification requirements to those with whom the data is shared.

**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 Division of Administrative Rules.

**DIRECT QUESTIONS REGARDING THIS RULE TO:**

◆ Jilene Whitby by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at [jwhitby@utah.gov](mailto:jwhitby@utah.gov)

**INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 01/17/2012**

**THIS RULE MAY BECOME EFFECTIVE ON: 01/24/2012**

**AUTHORIZED BY: Jilene Whitby, Information Specialist**

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**R590[-]. Insurance, Administration.**

**R590-262. Health Data Authority Health Insurance Claims Reporting.**

**R590-262-1. Authority.**

This rule is promulgated pursuant to Subsection 31A-22-614.5(3)(a) to coordinate with the provision of Subsection 26-1-37(2)(b) and Utah Department of Health rules R428-1 and R428-15.



**R590-262-2. Purpose and Scope.**

(1) This rule establishes requirements for certain entities that pay for health care to submit data to the Utah Department of Health.

(2) This rule ~~and~~ allows the data to be shared with the state's designated secure health information master index person index, Clinical Health Information Exchange (CHIE), to be used:

(a) in compliance with data security standards established by:

(i) the federal Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191, 110 Stat. 1936; and

(ii) the electronic commerce agreements established in a business associate agreement; and

(b) for the purpose of coordination of health benefit plans; and;

(c) for the enrollment data elements identified in Utah Administrative Rule R428-15, Health Data Authority Health Insurance Claims Reporting.

~~(2)~~(3) An insurer that covers fewer than 2500 individual Utah residents is exempt from all requirements of this rule.

**R590-262-3. Definitions.**

In addition to the definitions in Section 31A-1-301, the following definitions shall apply for the purpose of this rule:

(1) "Claim" means a request or demand on an insurer for payment of a benefit.

(2) "Health care claims data" means information consisting of, or derived directly from, member enrollment, medical claims, and pharmacy claims that this rule requires an insurer to report.

(3) "Health Insurance" has the same meaning as found in Subsection 31A-1-301(76).

(4) "Insurer" means:

(a) a commercial insurance company engaged in the business of health care insurance in the state of Utah, as defined in Subsection 31A-1-301~~(92)~~, including a business under an administrative services organization or administrative services contract arrangement;

(b) a third party administrator, as defined in Subsection 31A-1-301~~(161)~~, licensed by the Utah Insurance Department, and that collects premiums or settles claims of residents of the state, for health care insurance policies or health benefit plans, as defined in Subsection 31A-1-301~~(74)~~;

(c) a governmental plan as defined in Section 414~~(d)~~, Internal Revenue Code;

(d) a non-electing church plan as described in Section 410 (d), Internal Revenue Code; or

(e) a licensed professional employer organization acting as an administrator of a health care insurance policy under Title 31A, Chapter 40 or health benefit plan funded by a self-insurance arrangement.

(5) "Office" means the Office of Health Care Statistics within the Utah Department of Health, which serves as staff to the Utah Health Data Committee.

(6) "Technical specifications" means the technical specifications document published by the Health Data Committee describing the variables and formats of the data that are to be submitted as well as submission directions and guidelines.

**R590-262-4. ~~Reporting Requirements.~~**

~~Each insurer shall submit enrollment, medical claims, and pharmacy data described in R590-262-5 where Utah is the patient's primary residence and enrollment, medical claims, and pharmacy data for services provided in or out of state to Utah residents.~~

**R590-262-5. ~~Reporting Process.~~**

(1) Submission procedures and guidelines are described in detail in the technical specifications published by the Health Data Committee. The health care claims data shall be either X12 format, or flat text files formatted according to the technical specifications.

(2) All medical claims shall be submitted to the Office through the Utah Health Information Network (UHIN) in X12 format.

(3) All enrollment and pharmacy data files shall be submitted to the Office in flat text files using either UHIN or FTP Secure.

~~(4) An insurer shall submit the information in Subsections (2) and (3) for all Utah residents.~~

**R590-262-~~6~~5. Required Data Elements.**

(1) The enrollment, medical claims, and pharmacy data elements are described in detail in the technical specifications published by the Health Data Committee. Each insurer shall submit data for all fields contained in the submission specifications if the data are available to the insurer.

(a) Each insurer must submit enrollment files as a flat file.

(b) Each insurer must submit medical claims as X12 messages as modified by this rule. All X12 format messages must contain all the necessary segments for processing through UHIN. This includes ISA/IEA segments, GS and GE segments, Segment Qualifier codes, etc., as specified in the X12 implementation guides. If a segment or qualifier is required for X12 format, it is required for all submissions under this rule. If a segment or qualifier is not required for X12 format, but is required by this rule, it must be submitted as required by this rule. Submitted files must be in the ASC X12 4010A1 x098 for a Professional Claim and in the ASC X12 4010A1 x096 for an Institutional Claim.

(c) Each insurer must submit pharmacy claims as a flat file.

(2) Each insurer must submit the enrollment files data elements as required in R428-15.

**R590-262-~~7~~6. Third-party Contractors.**

The Office may contract with a third party to collect and process the health care claims data and will prohibit it from using the data in any way but those specifically designated in the scope of work.

**R590-262-~~8~~7. Insurer Registration.**

Each insurer shall register with the Office by completing the registration online at~~( )~~ <http://health.utah.gov/hda/apd/> no later than February 1, 2012, and annually thereafter ~~by~~ no later than September 1 ~~of each year~~.

**R590-262-[9]8. Testing of Files.**

Insurers that become subject to this rule shall submit to the Office a dataset for determining compliance with the standards for data submission no later than 90 days after the first date of becoming subject to the rule.

**R489-262-[10]9. Rejection of Files.**

The Office or its designee may reject and return any data submission that fails to conform to the submission requirements. Paramount among submission requirements are: First Name, Last Name, Member ID, Relationship to Subscriber, Date of Birth, Address, City, State, Zip Code, Sex, which are key data fields that the insurer must submit for each enrolled member and claim. An insurer whose submission is rejected shall resubmit the data in the appropriate, corrected format to the Office, or its designee within ~~[10]~~ten state business days of notice that the data does not meet the submission requirements~~[7]~~.

**R590-262-[11]10. Replacement of Data Files.**

An insurer may replace a complete dataset submission if no more than one year has passed since the end of the month in which the file was submitted. However, the Office may allow a later submission if the insurer can establish exceptional circumstances for the replacement.

**R590-262-[12]11. Provider Notification.**

(1) The following notification must be provided to a person that receives shared data, "This shared data is provided for informational purposes only. Contact the insurer for current, specific eligibility, or benefits coverage determination."

(2) The notification in this section shall be provided in coordination with provider participation in the master index patient index and the cHIE programs.

**R590-262-12. Limitation of Liability.**

A person furnishing information of the kind described in this rule is immune from liability and civil action if the information is furnished to or received from:

(a) the commissioner of insurance or the executive director of the Department of Health or ~~[the]~~their employees or representatives;

(b) federal, state, or local law enforcement or regulatory officials or their employees or representatives; or

(c) the insurer that issued the policy connected with the data set.

**R590-262-13. Penalties.**

A person found to be in violation of this rule shall be subject to penalties as provided in Section 31A-2-308.

**R590-262-14. Enforcement Date.**

The commissioner will begin enforcing this rule upon the rule's effective date.

**R590-262-15. Severability.**

If any provision of this rule or its application to any person or situation is held to be invalid, that invalidity shall not affect any other provision or application of this rule which can be given effect without the invalid provision or application, and to this end the provisions of this rule are declared to be severable.

**KEY: health insurance claims reporting**

**Date of Enactment or Last Substantive Amendment:**  
**[2011]2012**

**Authorizing, and Implemented or Interpreted Law:** 31A-22-614.5(3)(a)

**End of the Notices of Changes in Proposed Rules Section**

# FIVE-YEAR NOTICES OF REVIEW AND STATEMENTS OF CONTINUATION

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Within five years of an administrative rule's original enactment or last five-year review, the agency is required to review the rule. This review is intended to remove obsolete rules from the Utah Administrative Code. Upon reviewing a rule, an agency may: repeal the rule by filing a **PROPOSED RULE**; continue the rule as it is by filing a **NOTICE OF REVIEW AND STATEMENT OF CONTINUATION (NOTICE)**; or amend the rule by filing a **PROPOSED RULE** and by filing a **NOTICE**. By filing a Notice, the agency indicates that the rule is still necessary.

**NOTICES** are not followed by the rule text. The rule text that is being continued may be found in the most recent edition of the *Utah Administrative Code*. The rule text may also be inspected at the agency or the Division of Administrative Rules. **NOTICES** are effective upon filing.

**NOTICES** are governed by Section 63G-3-305.

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## Commerce, Occupational and Professional Licensing **R156-28** Veterinary Practice Act Rule

### FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 35485  
FILED: 11/29/2011

### 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 58, Chapter 28, provides for the licensure of veterinarians. Subsection 58-1-106(1)(a) provides that the Division may adopt and enforce rules to administer Title 58. Subsection 58-28-201(3) provides that the Veterinary Board's duties and responsibilities shall be in accordance with Section 58-1-202. Subsection 58-1-202(1)(a) provides that one of the duties of each board is to recommend appropriate rules to the Division Director. This rule was enacted to clarify the provisions of Title 58, Chapter 28, with respect to veterinarians.

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 the rule was last reviewed in 2007, it has been amended two times. However, the Division has not received any written comments with respect to 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 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 28, with respect to veterinarians. The 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 Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Clyde Ormond by phone at 801-530-6254, by FAX at 801-530-6511, or by Internet E-mail at [cormond@utah.gov](mailto:cormond@utah.gov)

AUTHORIZED BY: Mark Steinagel, Director

EFFECTIVE: 11/29/2011

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## Commerce, Occupational and Professional Licensing **R156-40a** Athletic Trainer Licensing Act Rule

### FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 35473  
FILED: 11/21/2011

**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 58, Chapter 40a, provides for the licensure of athletic trainers. Subsection 58-1-106(1) (a) provides that the Division may adopt and enforce rules to administer Title 58. Subsection 58-40a-201(3) provides that the Athletic Trainer Licensing Board's duties and responsibilities shall be in accordance with Section 58-1-202. Subsection 58-1-202(1)(a) provides that one of the duties of each board is to recommend appropriate rules to the Division Director. This rule was enacted to clarify the provisions of Title 58, Chapter 40a, with respect to athletic trainers.

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 the rule was enacted in 2007, the Division has received no written comments with respect to 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 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 40a, with respect to athletic trainers. The 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 Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:  
 ♦ Rich Oborn by phone at 801-530-6767, by FAX at 801-530-6511, or by Internet E-mail at roborn@utah.gov

AUTHORIZED BY: Mark Steinagel, Director

EFFECTIVE: 11/21/2011

Commerce, Occupational and  
 Professional Licensing  
**R156-41**  
 Speech-Language Pathology and  
 Audiology Licensing Act Rule

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION**

DAR FILE NO.: 35484  
 FILED: 11/29/2011

**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 58, Chapter 41, provides for the licensure of speech-language pathologists and audiologists. Subsection 58-1-106(1)(a) provides that the Division may adopt and enforce rules to administer Title 58. Subsection 58-41-6(3) provides that the Speech-Language Pathologist and Audiologist Licensing Board's duties and responsibilities shall be in accordance with Section 58-1-202. Subsection 58-1-202(1)(a) provides that one of the duties of each board is to recommend appropriate rules to the Division Director. This rule was enacted to clarify the provisions of Title 58, Chapter 41, with respect to speech-language pathologists and audiologists.

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 the rule was last reviewed in 2007, it has been amended two times. The Division received a 09/02/2010 email from Hunter Finch in which he notified the Division of an incorrect statute citation in a proposed rule amendment filing. The Division corrected the statute citation in a nonsubstantive rule filing which was filed on 09/21/2010. The Division also received a 07/02/2008 email from Sheryl Spriet regarding the proposed supervision definition amendment. During a 07/16/2008 Board meeting, the concerns from Ms. Spriet were reviewed and discussed with the board and it was determined that even though the Division's definition of "direct supervision" is more lenient than American Speech and Hearing Association (ASHA) definitions regarding supervision, all speech-language pathologist and audiologist licensees are required to adhere to the ASHA standards of practice.

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 41, with respect to speech-language pathologists and audiologists. The 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 Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Clyde Ormond by phone at 801-530-6254, by FAX at 801-530-6511, or by Internet E-mail at [cormond@utah.gov](mailto:cormond@utah.gov)

AUTHORIZED BY: Mark Steinagel, Director

EFFECTIVE: 11/29/2011

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**Environmental Quality, Environmental  
Response and Remediation  
R311-600**

**Hazardous Substances Mitigation Act:  
Enforceable Written Assurances**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT  
OF CONTINUATION**

DAR FILE NO.: 35494  
FILED: 11/30/2011

**NOTICE OF REVIEW AND STATEMENT OF  
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 19-6-326 authorizes the executive director of the Department of Environmental Quality to issue enforceable written assurances that no Hazardous Substance Mitigation Act enforcement action may be initiated against the person to whom the assurances are issued regarding the real property identified. Section 19-6-326 allows the executive director to make rules in accordance with the Utah Administrative Rulemaking Act as necessary for the administration of Section 19-6-326.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: The Department of Environmental Quality has received no written comments from persons supporting or opposing the 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 Department of Environmental Quality has reviewed the rule and determined that the rule continues to be necessary for the administration of Section 19-6-326. Therefore, this rule should be continued. The Department of Environmental Quality received no written comments from persons opposing the rule.

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

ENVIRONMENTAL QUALITY  
ENVIRONMENTAL RESPONSE AND  
REMEDICATION  
ROOM FIRST FLOOR  
195 N 1950 W  
SALT LAKE CITY, UT 84116-3085  
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Bill Rees by phone at 801-536-4167, by FAX at 801-536-4242, or by Internet E-mail at [brees@utah.gov](mailto:brees@utah.gov)

AUTHORIZED BY: Amanda Smith, Executive Director

EFFECTIVE: 11/30/2011

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

**Adoption of Health Data Plan**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT  
OF CONTINUATION**

DAR FILE NO.: 35474  
FILED: 11/21/2011

**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 required by Subsection 26-33a-104(2)(a): "The committee shall: (a) develop and adopt by rule, following public hearing and comments, a health data plan..."

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: The Office of Health Care Statistics has not received any written comments during and since the last five-year review of the rule from interested persons supporting or opposing the rule. On 11/08/2011, the Health Data Committee voted, with unanimous consent, to continue Rule R428-01.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Rule R428-1 establishes the basic operational requirement for the Health Data Committee (HDC) to manage the data collection, analysis, and distribution, that is, to adopt a health data plan through a public process. Since the last five-year review of Rule R428-1, the HDC developed and adopted the Cost and Quality Data Project Plan on 07/08/2008 (to view the plan go to [http://health.utah.gov/hda/apd/apd\\_dataplan.pdf](http://health.utah.gov/hda/apd/apd_dataplan.pdf)). Since 2002, the HDC has also biennially updated its Health Data Plan. The Health Data Plan Update documents were included in each HDC biennial report submitted to the Governor and legislators who served on the Health and Human Services Committees. The Health Data Plan Update serves as a strategic planning document for the HDC to identify and monitor priority projects or initiatives. For these Health Data Plan Update documents, go to:

2003-2004:

<http://health.utah.gov/hda/Reports/Biennial2002.pdf>;

2005-2006:

<http://health.utah.gov/hda/Reports/dataplanupdate2004.pdf>;

2007-2008:

<http://health.utah.gov/hda/Reports/Biennial2006.pdf>;

2009-2010:

<http://health.utah.gov/hda/reports/biennial2008.pdf>;

2011-2012:

<http://health.utah.gov/hda/reports/biennial2010.pdf>.

The Office of Health Care Statistics requests the continuation of Rule R428-1 as important guidance of the HDC operation process.

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 Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Keely Cofrin Allen by phone at 801-538-6551, by FAX at 801-538-9916, or by Internet E-mail at [kcofrinallen@utah.gov](mailto:kcofrinallen@utah.gov)  
◆ Mike Martin by phone at 801-538-9205, by FAX at 801-538-9916, or by Internet E-mail at [mikemartin@utah.gov](mailto:mikemartin@utah.gov)

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 11/21/2011

## Health, Center for Health Data, Health Care Statistics **R428-2** Health Data Authority Standards for Health Data

### FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 35488

FILED: 11/30/2011

### 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 Section 26-33a-104, which provides for data collection activities and rulemaking to carry out these activities.

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 comment was received since the last review of the rule. On 11/08/2011, the Health Data Committee reviewed this rule and requested its continuation. The agency has not received any public comments on this rule and the requested continuation.

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 establishes the reporting standards which apply to data suppliers, and the classification, control, use, and release of data received by the Health Data Committee pursuant to Title 26, Chapter 33a. Continuation of Rule R428-2 will assure the data definitions, standards, security, and disclosure under the Health Data Authority Act are consistent across all data suppliers, data users, and public inquiries.

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 Division of Administrative Rules.

## DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Keely Cofrin Allen by phone at 801-538-6551, by FAX at 801-538-9916, or by Internet E-mail at kcofrinallen@utah.gov  
 ♦ Mike Martin by phone at 801-538-9205, by FAX at 801-538-9916, or by Internet E-mail at mikemartin@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 11/30/2011

Health, Center for Health Data, Health  
 Care Statistics  
**R428-5**  
 Appeal and Adjudicative Proceedings

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT  
 OF CONTINUATION**

DAR FILE NO.: 35489  
 FILED: 11/30/2011

**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 allowed by Section 26-33a-104 and Title 63, Chapter 46b, Utah Administrative Procedures Act. It is necessary to clarify administrative adjudicative procedures under the Utah Administrative Procedures Act.

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 comment was received since the last review of the rule. On 11/08/2011, the Health Data Committee reviewed this rule and requested its continuation.

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 outlines the formal adjudicative procedures requirements for administrative adjudicative actions of the Health Data Committee (HDC). The Utah Administrative Procedures Act allows administrative agencies to adopt certain procedures by rule if the agency conducts formal administrative adjudicative proceedings. This rule provides appropriate administrative procedures to handle a disagreement, if any, in the new data collection process. On 11/08/2011, the HDC requested continuation of Rule R428-5.

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 Division of Administrative Rules.

## DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Keely Cofrin Allen by phone at 801-538-6551, by FAX at 801-538-9916, or by Internet E-mail at kcofrinallen@utah.gov  
 ♦ Mike Martin by phone at 801-538-9205, by FAX at 801-538-9916, or by Internet E-mail at mikemartin@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 11/30/2011

Health, Center for Health Data, Health  
 Care Statistics  
**R428-10**

Health Data Authority Hospital Inpatient  
 Reporting Rule

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT  
 OF CONTINUATION**

DAR FILE NO.: 35490  
 FILED: 11/30/2011

**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 26-33a-104(3), which requires "the committee may adopt rules to carry out the provisions of this chapter" for data collection, analysis, and dissemination.

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 comment has been received since the last review of the rule. The Health Data Committee at its meeting on 11/08/2011 has reviewed the rule and requested its continuation.

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 establishes the reporting standards and procedures for all-payer inpatient discharge data submitted by licensed hospitals in the state of Utah.

Continuation of the rule will assure that the state of Utah continuously carries out its activities in developing and using the statewide inpatient discharge database to improve health care cost, quality, and access. There is widespread use of nearly 20 years of data within many programs at the health department for planning and reports on hospitalization trends. Also public use data files have been purchased by many individuals in the healthcare industry, researchers and the Federal Agency for Healthcare Research and Quality.

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 Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Keely Cofrin Allen by phone at 801-538-6551, by FAX at 801-538-9916, or by Internet E-mail at kcofrinallen@utah.gov
- ◆ Mike Martin by phone at 801-538-9205, by FAX at 801-538-9916, or by Internet E-mail at mikemartin@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 11/30/2011

**Health, Center for Health Data, Health  
 Care Statistics  
 R428-12**

**Health Data Authority Survey of  
 Enrollees in Health Maintenance  
 Organizations**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT  
 OF CONTINUATION**

DAR FILE NO.: 35491  
 FILED: 11/30/2011

**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 26-33a-104(3), which requires "the committee may adopt rules to carry out the provisions of this chapter" for data collection, analysis, and dissemination.

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 comment of support or opposition has been received since the last review of the rule. The Health Data Committee at its meeting on 11/08/2011 has reviewed the rule and requested its continuation.

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 allows monitoring of satisfaction with the quality and access of care provided by participating Utah HMOs. Continuation of the rule will assure that HMOs are monitored using nationally-recognized standards.

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 Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

- ◆ Keely Cofrin Allen by phone at 801-538-6551, by FAX at 801-538-9916, or by Internet E-mail at kcofrinallen@utah.gov
- ◆ Mike Martin by phone at 801-538-9205, by FAX at 801-538-9916, or by Internet E-mail at mikemartin@utah.gov

AUTHORIZED BY: David Patton, PhD, Executive Director

EFFECTIVE: 11/30/2011

**Human Services, Recovery Services  
 R527-34  
 Non-IV-A Services**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT  
 OF CONTINUATION**

DAR FILE NO.: 35457  
 FILED: 11/17/2011

**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: Under Section 62A-11-107, the Office of Recovery Services (ORS) is authorized to adopt rules that are necessary to carry out the provisions of Title



62A, Chapter 11. Provisions found in Section 62A-11-104 require ORS to provide child support services to those who are legally entitled to receive those services and require ORS to collect money due the agency which could help offset state expenditures. This rule summarizes the services available to recipients of Non-IV-A child support services, individuals not receiving case assistance who are otherwise eligible for child support services. It also provides information about the services that have associated fees and clarifies who is responsible for paying those costs.

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.

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 because Section 62A-11-104 is still in effect which gives ORS the responsibility to carry out the provisions in Title 62A, Chapter 11, that deal with providing child support services and collecting money to offset state expenditures. In addition, this rule incorporates 45 CFR 302.33 by reference, which is still in effect. This federal regulation addresses the costs a state may elect to recover from providing Non-IV-A services, and it is still necessary to specify the fees that ORS has elected to charge, or not charge, for child support services.

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

HUMAN SERVICES  
RECOVERY SERVICES  
515 E 100 S  
SALT LAKE CITY, UT 84102-4211  
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ LeAnn Wilber by phone at 801-536-8950, by FAX at 801-536-8833, or by Internet E-mail at [lwilber@utah.gov](mailto:lwilber@utah.gov)

AUTHORIZED BY: Mark Brasher, Director

EFFECTIVE: 11/17/2011

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## Human Services, Recovery Services **R527-35**

### Non-IV-A Fee Schedule

#### FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 35458

FILED: 11/17/2011

## 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: Under Section 62A-11-107, the Office of Recovery Services (ORS) is authorized to adopt rules that are necessary to carry out the provision of Title 62A, Chapter 11. Provisions found in Section 62A-11-104 require ORS to collect money due the agency which could help offset state expenditures. This rule provides the schedule of fees that ORS may charge recipients of child support services who are not receiving financial assistance or Medicaid.

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.

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 because Section 62A-11-104 is still in effect which gives ORS the responsibility to carry out the provisions in Title 62A, Chapter 11, that deal with providing child support services and collecting money to offset state expenditures. In addition, this rule incorporates 45 CFR 302.33 by reference, which is still in effect and addresses the costs a state may elect to recover for providing Non-IV-A services. It is necessary to continue this rule because the fees listed in it are not specified in the federal regulations or in the authorizing state statute.

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

HUMAN SERVICES  
RECOVERY SERVICES  
515 E 100 S  
SALT LAKE CITY, UT 84102-4211  
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ LeAnn Wilber by phone at 801-536-8950, by FAX at 801-536-8833, or by Internet E-mail at [lwilber@utah.gov](mailto:lwilber@utah.gov)

AUTHORIZED BY: Mark Brasher, Director

EFFECTIVE: 11/17/2011

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## Human Services, Recovery Services **R527-201** Medical Support Services

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION**

DAR FILE NO.: 35495  
FILED: 12/01/2011

**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: Pursuant to Section 62A-11-107, the Office of Recovery Services (ORS) is authorized to adopt rules that are necessary to carry out the provisions of Title 62A, Chapter 11. Sections 62A-11-326, 62A-11-326.1, 62A-11-326.2, 62A-11-326.3, and 78B-12-212 contain provisions requiring ORS to establish and enforce medical support orders. In addition, these statutes require that parents provide verification of insurance coverage and notification of medical expenses to the other party, and deal with issues of responsibility for premium payments and child support credit for medical expenses paid. This rule incorporates by reference 45 CFR 303.30, 303.31, and 303.32 which outline the basic mandates for state IV-D agencies to establish, modify, and enforce orders requiring obligated parents to obtain and maintain medical insurance coverage for their children. This rule provides information on how ORS carries out the medical support duties outlined in these statutes.

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.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Federal regulations 45 CFR 303.30, 303.31, and 303.32, as well as state statutes found in Sections 62A-11-326, 62A-11-326.1, 62A-11-326.2, 62A-11-326.3, and 78B-12-212 are still in effect. This rule provides necessary details on how ORS carries out the medical support duties outlined in these statutes. It defines the agency's limits in providing medical support services, reiterates the condition under which medical support services are provided to non-TANF Medicaid recipients, explains how medical support orders are secured by the agency, details enforcement remedies, and addresses the issue of the medical support obligation of parents who are receiving or have received Medicaid. Therefore, this rule should be continued.

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

HUMAN SERVICES  
RECOVERY SERVICES  
515 E 100 S  
SALT LAKE CITY, UT 84102-4211  
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ LeAnn Wilber by phone at 801-536-8950, by FAX at 801-536-8833, or by Internet E-mail at lwilber@utah.gov

AUTHORIZED BY: Mark Brasher, Director

EFFECTIVE: 12/01/2011

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**Insurance, Administration  
R590-91**

**Credit Life Insurance and Credit  
Accident and Health Insurance**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION**

DAR FILE NO.: 35481  
FILED: 11/23/2011

**NOTICE OF REVIEW AND STATEMENT OF CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 31A-2-201 gives the commissioner the authority to write rules to implement the provisions of Title 31A. The rule implements the provisions of Title 31A, Chapter 22, Part 9 regarding reasonable rating, policy form, and operating standards for the transaction of credit life insurance and credit accident and health insurance.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: At no time during the past five years has the department received written request for change to this rule, even when it was amended on 07/25/2007 and 05/29/2008.

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 protects the interests of debtors and the public in this state and ensures a fair and equitable credit insurance market by establishing a system of reasonable rating, policy form, and operating standards for transaction of credit life, accident and health insurance. Therefore, this rule should be continued.

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 Division of Administrative Rules.

**DIRECT QUESTIONS REGARDING THIS RULE TO:**

◆ Jilene Whitby by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at [jwhitby@utah.gov](mailto:jwhitby@utah.gov)

AUTHORIZED BY: Jilene Whitby, Information Specialist

EFFECTIVE: 11/23/2011

**Insurance, Administration**

**R590-212**

**Requirements for Interest Bearing  
Accounts Used by Title Insurance  
Agencies for Trust Fund Deposits**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT  
OF CONTINUATION**

DAR FILE NO.: 35480

FILED: 11/23/2011

**NOTICE OF REVIEW AND STATEMENT OF  
CONTINUATION**

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Section 31A-2-201 gives the commissioner the authority to write rules to implement the provisions of Title 31A. The rule implements the provisions of Subsection 31A-23a-409(2)(b) dealing with the type of depository account title agencies are to use to deposit trust funds. Section R590-212-5 provides requirements for these

types of accounts. Subsection 31A-23a-409(4) allows that these trust accounts may be interest bearing.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: The department has not received any written comment regarding this rule within the past five years.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Without this rule agents could co-mingle money collected from insureds with their agent and personal funds, which would make it vulnerable to be used for other uses than that for which it was intended. Therefore, this rule should be continued.

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 Division of Administrative Rules.

**DIRECT QUESTIONS REGARDING THIS RULE TO:**

◆ Jilene Whitby by phone at 801-538-3803, by FAX at 801-538-3829, or by Internet E-mail at [jwhitby@utah.gov](mailto:jwhitby@utah.gov)

AUTHORIZED BY: Jilene Whitby, Information Specialist

EFFECTIVE: 11/23/2011

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



## NOTICES OF RULE EFFECTIVE DATES

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State law provides for agencies to make their 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 file a notice of effective date any time after the close of comment plus seven days. In the case of Changes in Proposed Rules with no designated comment period, the law permits an agency to file a notice of effective date on any date including or after the thirtieth day after the rule's 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 and the agency must start the rulemaking process over.

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

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### Abbreviations

AMD = Amendment

CPR = Change in Proposed Rule

NEW = New Rule

R&R = Repeal & Reenact

REP = Repeal

### Alcoholic Beverage Control

#### Administration

No. 35299 (AMD): R81-3-13. Operational Restrictions

Published: 10/15/2011

Effective: 12/01/2011

No. 35300 (AMD): R81-3-20. Type 4 Package Agency Room

Service - Dispensing

Published: 10/15/2011

Effective: 12/01/2011

No. 35301 (AMD): R81-4D-7. Sale and Purchase of

Alcoholic Beverages

Published: 10/15/2011

Effective: 12/01/2011

No. 35302 (AMD): R81-10C. Beer Only Restaurant Licenses

Published: 10/15/2011

Effective: 12/01/2011

### Commerce

#### Occupational and Professional Licensing

No. 35274 (AMD): R156-17b-102. Definitions

Published: 10/15/2011

Effective: 11/21/2011

#### Real Estate

No. 35278 (AMD): R162-2f-202b. Principal Broker Licensing

Fees and Procedures

Published: 10/15/2011

Effective: 11/21/2011

### Environmental Quality

#### Drinking Water

No. 35240 (AMD): R309-105-14. Operational Reports

Published: 10/01/2011

Effective: 11/23/2011

### Health

#### Administration

No. 35216 (NEW): R380-400. Use of Statistical Sampling and Extrapolation

Published: 09/15/2011

Effective: 11/22/2011

#### Children's Health Insurance Program

No. 35298 (AMD): R382-10. Eligibility

Published: 10/15/2011

Effective: 12/01/2011

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

No. 35303 (AMD): R414-40-4. Service Coverage for Private

Duty Nursing

Published: 10/15/2011

Effective: 12/01/2011

#### Family Health and Preparedness, Emergency Medical Services

No. 35196 (AMD): R426-5. Statewide Trauma System

Standards

Published: 09/15/2011

Effective: 11/16/2011

### Insurance

#### Administration

No. 35175 (AMD): R590-195. Rental Car Related Licensing Rule

Published: 09/15/2011

Effective: 11/17/2011

No. 35179 (AMD): R590-244. Individual and Agency Licensing Requirements

Published: 09/15/2011

Effective: 11/17/2011

### Judicial Performance Evaluation Commission

#### Administration

No. 35281 (AMD): R597-3. Judicial Performance

Evaluations

Published: 10/15/2011

Effective: 11/23/2011

NOTICES OF RULE EFFECTIVE DATES

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Labor Commission

Antidiscrimination and Labor, Antidiscrimination  
No. 35297 (REP): R606-2. Pre-Employment Inquiry Guide  
Published: 10/15/2011  
Effective: 11/21/2011

Antidiscrimination and Labor, Fair Housing  
No. 35094 (AMD): R608-1-17. Assistance Animals  
Published: 08/15/2011  
Effective: 11/21/2011

No. 35094 (CPR): R608-1-17. Assistance Animals  
Published: 10/15/2011  
Effective: 11/21/2011

Industrial Accidents

No. 35305 (AMD): R612-2-5. Regulation of Medical  
Practitioner Fees  
Published: 10/15/2011  
Effective: 11/21/2011

Public Safety

Administration  
No. 35295 (AMD): R698-5. Hazardous Chemical Emergency  
Response Commission  
Published: 10/15/2011  
Effective: 11/21/2011

Fire Marshal

No. 35296 (AMD): R710-9. Rules Pursuant to the Utah Fire  
Prevention and Safety Act  
Published: 10/15/2011  
Effective: 11/21/2011

Transportation

Motor Carrier  
No. 35262 (AMD): R909-2. Utah Trucking Guide  
Published: 10/15/2011  
Effective: 11/21/2011

Motor Carrier, Ports of Entry  
No. 35263 (REP): R912-2. Mobile and Manufactured Homes  
Published: 10/15/2011  
Effective: 11/21/2011

No. 35265 (REP): R912-9. Pilot/Escort Requirements and  
Certification Program  
Published: 10/15/2011  
Effective: 11/21/2011

No. 35266 (REP): R912-14. Changes in Utah's  
Oversized/Overweight Permit Program - Semitrailer  
Exceeding 48 Feet Length  
Published: 10/15/2011  
Effective: 11/21/2011

No. 35264 (REP): R912-76. Single Tire Configuration  
Published: 10/15/2011  
Effective: 11/21/2011

Operations, Traffic and Safety

No. 35277 (AMD): R920-6. Snow Tire and Chain  
Requirements  
Published: 10/15/2011  
Effective: 11/21/2011

Program Development

No. 35260 (AMD): R926-3. Class B and Class C Road  
Funds  
Published: 10/15/2011  
Effective: 11/21/2011

**End of the Notices of Rule Effective Dates Section**

**RULES INDEX  
BY AGENCY (CODE NUMBER)  
AND  
BY KEYWORD (SUBJECT)**

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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, 2011 through December 01, 2011. 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 Nancy Lancaster (801-538-3218), Mike Broschinsky (801-538-3003), or Kenneth A. Hansen (801-538-3777).

A copy of the Rules Index is available for public inspection at the Division of Administrative Rules (4120 State Office Building, Salt Lake City, UT), or may be viewed online at the Division's web site (<http://www.rules.utah.gov/>).

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## RULES INDEX - BY AGENCY (CODE NUMBER)

### ABBREVIATIONS

AMD = Amendment	NSC = Nonsubstantive rule change
CPR = Change in proposed rule	REP = Repeal
EMR = Emergency rule (120 day)	R&R = Repeal and reenact
NEW = New rule	5YR = Five-Year Review
EXD = Expired	

CODE REFERENCE	TITLE	FILE NUMBER	ACTION	EFFECTIVE DATE	BULLETIN ISSUE/PAGE
<b>ADMINISTRATIVE SERVICES</b>					
<u>Administration</u>					
R13-2	Access to Records	35309	5YR	10/04/2011	2011-21/155
R13-3	Americans with Disabilities Act Grievance Procedures	34347	AMD	03/10/2011	2011-3/4
R13-3-2	Definitions	34674	NSC	04/27/2011	Not Printed
<u>Facilities Construction and Management</u>					
R23-23	Health Reform - Health Insurance Coverage in State Contracts - Implementation	34801	EMR	05/10/2011	2011-11/105
R23-23	Health Reform - Health Insurance Coverage in State Contracts - Implementation	34803	AMD	07/11/2011	2011-11/6
R23-25	Administrative Rules Adjudicative Proceedings	35157	5YR	08/15/2011	2011-17/89
R23-31	Executive Residence Commission	34802	NEW	07/11/2011	2011-11/8
<u>Finance</u>					
R25-2	Finance Adjudicative Proceedings	35276	5YR	09/21/2011	2011-20/65
R25-7	Travel-Related Reimbursements for State Employees	34764	AMD	07/01/2011	2011-10/6
<u>Fleet Operations</u>					
R27-3	Vehicle Use Standards	34256	AMD	01/25/2011	2010-24/6
R27-3-4	Authorized and Unauthorized Use of State Vehicles	34786	AMD	07/12/2011	2011-11/10
R27-4-11	Capital Credit or Reservation of Vehicle Allocation for Surrendered Vehicles	34257	AMD	01/25/2011	2010-24/7
<u>Fleet Operations, Surplus Property</u>					
R28-1	State Surplus Property Disposal	34780	REP	09/13/2011	2011-11/12
R28-2	Surplus Firearms	34781	REP	09/13/2011	2011-11/15
R28-3	Utah State Agency for Surplus Property Adjudicative Proceedings	34782	REP	09/13/2011	2011-11/16
R28-7	Surplus Property Rate Schedule	34783	REP	09/13/2011	2011-11/18
<u>Purchasing and General Services</u>					
R33-11	State Surplus Property Disposal	34884	NEW	09/13/2011	2011-12/8
<b>AGRICULTURE AND FOOD</b>					
<u>Administration</u>					
R51-3	Government Records Access and Management Act	34491	5YR	03/03/2011	2011-7/43
R51-4	ADA Complaint Procedure	34492	5YR	03/03/2011	2011-7/43
<u>Animal Industry</u>					
R58-1	Admission and Inspection of Livestock, Poultry and Other Animals	34343	AMD	03/24/2011	2011-3/7
R58-2	Diseases, Inspections and Quarantines	34352	AMD	03/24/2011	2011-3/13



R58-2	Diseases, Inspections and Quarantines	34975	5YR	06/23/2011	2011-14/135
R58-4	Use of Animal Drugs and Biologicals in the State of Utah	34976	5YR	06/23/2011	2011-14/135
R58-11	Slaughter of Livestock	34694	AMD	06/21/2011	2011-9/2
R58-11-2	Definitions	34914	NSC	06/30/2011	Not Printed
R58-14	Holding Live Raccoons or Coyotes in Captivity	34974	5YR	06/23/2011	2011-14/136
R58-20	Domesticated Elk Hunting Park	34906	EMR	06/07/2011	2011-13/79
R58-24	Community Spay and Neuter Grants	34957	NEW	08/26/2011	2011-14/4

Horse Racing Commission (Utah)

R52-7	Horse Racing	35192	EXT	08/29/2011	2011-18/91
R52-7	Horse Racing	35193	5YR	08/30/2011	2011-18/85

Marketing and Development

R65-8	Management of the Junior Livestock Show Appropriation	34489	5YR	03/03/2011	2011-7/44
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Plant Industry

R68-4	Standardization, Marketing, and Phytosanitary Inspection of Fresh Fruits, Vegetables, and Other Plant and Plant Products	34414	5YR	02/08/2011	2011-5/107
R68-7	Utah Pesticide Control Act	34488	5YR	03/02/2011	2011-7/44
R68-7	Utah Pesticide Control Act	34430	AMD	06/02/2011	2011-5/2
R68-7	Utah Pesticide Control Rule	34711	AMD	06/21/2011	2011-10/10
R68-7-10	Responsibilities of Business and Applicator	34456	NSC	06/02/2011	Not Printed
R68-7-10	Responsibilities of Business and Applicator	34498	AMD	06/02/2011	2011-7/2
R68-8	Utah Seed Law	34345	5YR	01/05/2011	2011-3/55
R68-18	Quarantine Pertaining to Karnal Bunt	34412	5YR	02/08/2011	2011-5/107
R68-21-2	Authority	34558	NSC	04/27/2011	Not Printed

Regulatory Services

R70-330	Raw Milk for Retail	34518	5YR	03/16/2011	2011-8/29
R70-370	Butter	34519	5YR	03/16/2011	2011-8/29
R70-380	Grade A Condensed and Dry Milk Products and Condensed and Dry Whey	34517	5YR	03/16/2011	2011-8/30
R70-410	Grading and Inspection of Shell Eggs with Standard Grade and Weight Classes	34378	5YR	01/24/2011	2011-4/35
R70-920	Packaging and Labeling of Commodities	35177	5YR	08/22/2011	2011-18/85
R70-930	Method of Sale of Commodities	35127	5YR	08/11/2011	2011-17/89
R70-940	Standards and Testing of Motor Fuel	35128	5YR	08/11/2011	2011-17/90

ALCOHOLIC BEVERAGE CONTROL

Administration

R81-1	Scope, Definitions, and General Provisions	34787	5YR	05/10/2011	2011-11/123
R81-1	Scope, Definitions, and General Provisions	35070	NSC	08/04/2011	Not Printed
R81-1	Scope, Definitions, and General Provisions	35098	AMD	10/01/2011	2011-16/4
R81-1-11	Multiple-Licensed Facility Storage and Service	35052	AMD	10/01/2011	2011-15/8
R81-1-14	Americans With Disabilities Act Complaint Procedure	35053	AMD	10/01/2011	2011-15/9
R81-1-29	Disclosure of Conflicts of Interest	34337	AMD	02/24/2011	2011-2/4
R81-1-29	Disclosure of Conflict of Interest	35054	AMD	10/01/2011	2011-15/13
R81-1-30	Factors for Granting Licenses	34336	AMD	02/24/2011	2011-2/5
R81-1-30	Factors for Granting Licenses	35055	AMD	10/01/2011	2011-15/14
R81-1-30	Draft Beer Sales/Minors on Premises	35056	AMD	10/01/2011	2011-15/16
R81-2	State Stores	34788	5YR	05/10/2011	2011-11/124
R81-2	State Stores	35057	AMD	10/01/2011	2011-15/17
R81-2-11	Industry Members in State Stores	35188	NSC	10/01/2011	Not Printed
R81-3	Package Agencies	34789	5YR	05/10/2011	2011-11/125
R81-3	Package Agencies	35058	AMD	10/01/2011	2011-15/19
R81-3	Package Agencies	35189	NSC	10/01/2011	Not Printed
R81-3-13	Operational Restrictions	34340	AMD	02/24/2011	2011-2/6
R81-3-13	Operational Restrictions	35299	AMD	12/01/2011	2011-20/7
R81-3-20	Type 4 Package Agency Room Service - Dispensing	35300	AMD	12/01/2011	2011-20/8
R81-4A	Restaurant Liquor Licenses	34790	5YR	05/10/2011	2011-11/125
R81-4A	Restaurant Liquor Licenses	35059	AMD	10/01/2011	2011-15/25

RULES INDEX

R81-4A-7	Sale and Purchase of Alcoholic Beverages	35197	NSC	10/01/2011	Not Printed
R81-4B	Airport Lounges	35071	NSC	08/04/2011	Not Printed
R81-4C	Limited Restaurant Licenses	35060	AMD	10/01/2011	2011-15/27
R81-4D	On-Premise Banquet License	35061	AMD	10/01/2011	2011-15/30
R81-4D-7	Sale and Purchase of Alcoholic Beverages	35301	AMD	12/01/2011	2011-20/9
R81-4E	Resort Licenses	35073	NSC	08/04/2011	Not Printed
R81-4F	Reception Center License	35062	NEW	10/01/2011	2011-15/33
R81-5	Private Clubs	34791	5YR	05/10/2011	2011-11/126
R81-5	Private Clubs	35063	AMD	10/01/2011	2011-15/35
R81-6	Special Use Permits	34792	5YR	05/10/2011	2011-11/127
R81-6	Special Use Permits	35074	NSC	08/04/2011	Not Printed
R81-6-6	Religious Wine Permits	35099	AMD	10/01/2011	2011-16/6
R81-7	Single Event Permits	34793	5YR	05/10/2011	2011-11/128
R81-7	Single Event Permits	35075	NSC	08/04/2011	Not Printed
R81-8	Manufacturers (Distillery, Winery, Brewery)	34794	5YR	05/10/2011	2011-11/128
R81-8	Manufacturers (Distillery, Winery, Brewery)	35076	NSC	08/04/2011	Not Printed
R81-9	Liquor Warehousing License	34795	5YR	05/10/2011	2011-11/129
R81-9	Liquor Warehousing License	35077	NSC	08/04/2011	Not Printed
R81-10	Off-Premise Beer Retailers	35078	NSC	08/04/2011	Not Printed
R81-10A	On-Premise Beer Retailer Licenses	35064	AMD	10/01/2011	2011-15/39
R81-10B	Temporary Special Event Beer Permits	35079	NSC	08/04/2011	Not Printed
R81-10C	Beer Only Restaurant Licenses	35065	NEW	10/01/2011	2011-15/41
R81-10C	Beer Only Restaurant Licenses	35302	AMD	12/01/2011	2011-20/10
R81-10D	Tavern Beer Licenses	35097	NEW	10/01/2011	2011-16/7
R81-10D-6	Age Verification - Taverns	35198	NSC	10/01/2011	Not Printed
R81-11	Beer Wholesalers	34796	5YR	05/10/2011	2011-11/129
R81-11	Beer Wholesalers	35080	NSC	08/04/2011	Not Printed
R81-12	Manufacturer Representative (Distillery, Winery, Brewery)	34797	5YR	05/10/2011	2011-11/130
R81-12	Local Industry Representative Licenses (Distillery, Winery, Brewery)	35066	AMD	10/01/2011	2011-15/42

ATTORNEY GENERAL

Administration

R105-2	Records Access and Management	35195	AMD	10/25/2011	2011-18/8
R105-2	Records Access and Management	35414	5YR	11/07/2011	2011-23/103

CAPITOL PRESERVATION BOARD (STATE)

Administration

R131-4	Capitol Preservation Board General Procurement Rule	34675	5YR	04/11/2011	2011-9/117
R131-10	Commercial Solicitations	35318	EXT	10/06/2011	2011-21/167
R131-11	Preservation of Free Speech Activities	35319	EXT	10/06/2011	2011-21/167

CAREER SERVICE REVIEW OFFICE

Administration

R137-1	Grievance Procedure Rules	35083	5YR	07/18/2011	2011-16/49
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COMMERCE

Administration

R151-2	Government Records Access and Management Act Rule	35411	5YR	11/03/2011	2011-23/104
R151-2-5	Designation of Authorized Officers	35364	NSC	10/31/2011	Not Printed
R151-3	Americans With Disabilities Act Rule	34752	AMD	06/21/2011	2011-10/20
R151-4	Department of Commerce Administrative Procedures Act Rule	34479	NEW	04/21/2011	2011-6/4
R151-4-107	Computation of Time	35232	AMD	11/07/2011	2011-19/4
R151-4-708	Standard of Proof	35018	AMD	09/07/2011	2011-15/44
R151-14	New Automobile Franchise Act Rule	34761	5YR	05/02/2011	2011-10/117
R151-14-3	Adjudicative Proceedings	34735	NSC	05/25/2011	Not Printed
R151-35-3	Adjudicative Proceedings	34736	NSC	05/25/2011	Not Printed
R151-46b	Department of Commerce Administrative Procedures Act Rules	34480	REP	04/21/2011	2011-6/18

Consumer Protection

R152-1a	Internet Content Provider Ratings Methods	35119	5YR	08/09/2011	2011-17/91
R152-11	Utah Consumer Sales Practices Act	35121	5YR	08/09/2011	2011-17/91
R152-11-9	Direct Solicitations	34100	AMD	02/07/2011	2010-20/4
R152-26	Telephone Fraud Prevention Act	35120	5YR	08/09/2011	2011-17/91

Corporations and Commercial Code

R154-2	Utah Uniform Commercial Code, Revised Article 9 Rules	34785	5YR	05/10/2011	2011-11/131
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Occupational and Professional Licensing

R156-1	General Rule of the Division of Occupational and Professional Licensing	34885	AMD	07/26/2011	2011-12/12
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**ABBREVIATIONS**

AMD = Amendment	NSC = Nonsubstantive rule change
CPR = Change in proposed rule	REP = Repeal
EMR = Emergency rule (120 day)	R&R = Repeal and reenact
NEW = New rule	5YR = Five-Year Review
EXD = Expired	

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<u>accelerated learning</u>					
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	34805	R708-41-3	AMD	07/12/2011	2011-11/82
<u>access to information</u>					
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Public Safety, Driver License	34401	R708-20	5YR	01/31/2011	2011-4/47
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<u>accountants</u>					
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<u>acupuncture</u>					
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Administrative Services, Facilities Construction and Management	35157	R23-25	5YR	08/15/2011	2011-17/89
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	35018	R151-4-708	AMD	09/07/2011	2011-15/44
	34480	R151-46b	REP	04/21/2011	2011-6/18
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Environmental Quality, Environmental Response and Remediation	34699	R311-210	R&R	08/29/2011	2011-9/29
	34700	R311-500-9	AMD	08/29/2011	2011-9/35
Environmental Quality, Radiation Control	34684	R313-17	CPR	08/31/2011	2011-15/126
Environmental Quality, Solid and Hazardous Waste	34702	R315-12	R&R	08/29/2011	2011-9/42
Environmental Quality, Water Quality	34697	R317-9	R&R	08/29/2011	2011-9/46
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	34557	R307-210	5YR	04/06/2011	2011-9/118
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35062	R81-4F	NEW	10/01/2011	2011-15/33	
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35079	R81-10B	NSC	08/04/2011	Not Printed	
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	34886	R156-46b	AMD	07/26/2011	2011-12/27
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	34662	R434-40	NSC	05/03/2011	Not Printed
	34327	R434-50	NEW	03/01/2011	2011-2/38
	34663	R434-50	NSC	05/03/2011	Not Printed
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	34326	R861-1A-43	AMD	02/23/2011	2011-2/42
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	34524	R414-14	AMD	05/25/2011	2011-8/9
	34994	R414-14	AMD	08/22/2011	2011-14/55
	35227	R414-14-2	AMD	11/15/2011	2011-19/41
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	34939	R414-54	AMD	08/22/2011	2011-14/60
	34316	R414-54-3	AMD	04/05/2011	2011-1/21
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	35228	R414-54-3	AMD	11/15/2011	2011-19/42
	34940	R414-59	AMD	08/22/2011	2011-14/61
	34317	R414-59-4	AMD	04/05/2011	2011-1/22
	34526	R414-59-4	AMD	05/25/2011	2011-8/23
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	34767	R414-401-3	AMD	07/01/2011	2011-10/26
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	34490	R527-800	5YR	03/03/2011	2011-7/49
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	34672	R448-20	NSC	05/03/2011	Not Printed

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	34669	R444-11	NSC	05/03/2011	Not Printed	
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	34662	R434-40	NSC	05/03/2011	Not Printed	
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Health, Medical Examiner	34672	R448-20	NSC	05/03/2011	Not Printed
Regents (Board Of), University of Utah, Administration	34387	R805-2	AMD	03/24/2011	2011-4/31

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Attorney General, Administration	35195	R105-2	AMD	10/25/2011	2011-18/8
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Health, Epidemiology and Laboratory Services, Environmental Services	34575	R392-300	NSC	05/03/2011	Not Printed
	34576	R392-301	NSC	05/03/2011	Not Printed
	34580	R392-401	NSC	05/03/2011	Not Printed

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Commerce, Occupational and Professional Licensing	35160	R156-40	5YR	08/15/2011	2011-17/92
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	34735	R151-14-3	NSC	05/25/2011	Not Printed

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Public Safety, Driver License	34804	R708-46	NEW	07/12/2011	2011-11/85
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Natural Resources, Forestry, Fire and State Lands	34313	R652-140	AMD	02/07/2011	2011-1/30
	34763	R652-150	NEW	06/21/2011	2011-10/95
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	34361	R994-403-113c	AMD	03/15/2011	2011-3/52

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	34268	R865-19S-78	AMD	01/27/2011	2010-24/68
	34688	R865-19S-78	NSC	04/27/2011	Not Printed
	34756	R865-19S-92	AMD	06/23/2011	2011-10/110
	34757	R865-19S-103	AMD	06/23/2011	2011-10/112

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Environmental Quality, Water Quality	35203	R317-10	AMD	10/26/2011	2011-18/11
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Health, Family Health and Preparedness, Emergency Medical Services	35196	R426-5	AMD	11/16/2011	2011-18/21
Health, Health Systems Improvement, Emergency Medical Services	34599	R426-5	NSC	05/03/2011	Not Printed
Labor Commission, Industrial Accidents	34725	R612-12	R&R	06/22/2011	2011-10/93
	34294	R612-12-2	NSC	01/06/2011	Not Printed
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Health, Medical Examiner	34671	R448-10	NSC	05/03/2011	Not Printed
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	34691	R655-11	5YR	04/14/2011	2011-9/121
	34960	R655-11	AMD	09/12/2011	2011-14/76
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	34959	R655-12	AMD	09/12/2011	2011-14/78
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	34907	R162-2c	AMD	08/08/2011	2011-13/6
	35137	R162-2c-102	AMD	10/11/2011	2011-17/19
	34225	R162-2c-201	AMD	01/08/2011	2010-23/16
	34986	R162-2c-202	AMD	08/22/2011	2011-14/16
	34226	R162-2c-203	AMD	01/08/2011	2010-23/19
	34227	R162-2c-204	AMD	01/08/2011	2010-23/23
	35134	R162-2c-204	AMD	10/11/2011	2011-17/21
	34737	R162-2c-401	NSC	05/25/2011	Not Printed
	34987	R162-2c-401	AMD	08/22/2011	2011-14/18
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	34839	R251-104	NSC	06/14/2011	Not Printed
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<u>rules and procedures</u>					
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	34441	R765-608	AMD	04/11/2011	2011-5/93
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	34817	R277-477	AMD	07/11/2011	2011-11/29
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	35092	R602-2-4	AMD	09/21/2011	2011-16/45
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