

UTAH STATE BULLETIN

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

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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. 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)* of the same volume and issue number. The *Digest* is available by e-mail subscription or online. Visit <http://www.rules.utah.gov/publicat/digest.htm> for additional information.

Division of Administrative Rules, Salt Lake City 84114

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SPECIAL NOTICES

Health Health Care Financing, Coverage and Reimbursement Policy

Notice for February 2014 Medicaid Rate Changes

Effective February 1, 2014, Utah Medicaid will adjust its rates consistent with approved methodologies. Rate adjustments include new codes priced consistent with approved Medicaid methodologies as well as potential adjustments to existing codes. 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

A state agency may file a **PROPOSED RULE** when it determines the need for a substantive change to an existing rule. With a **NOTICE OF PROPOSED RULE**, an agency may create a new rule, amend an existing rule, repeal an existing rule, or repeal an existing rule and reenact a new rule. Filings received between December 17, 2013, 12:00 a.m., and December 31, 2013, 11:59 p.m. are included in this, the January 15, 2014, issue of the *Utah State Bulletin*.

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

Following the **RULE ANALYSIS**, the text of the **PROPOSED RULE** is usually printed. New rules or additions made to existing rules are underlined (*example*). Deletions made to existing rules are struck out with brackets surrounding them (*[example]*). Rules being repealed are completely struck out. A row of dots in the text between paragraphs (.) indicates that unaffected text from within a section was removed to conserve space. Unaffected sections are not usually printed. If a **PROPOSED RULE** is too long to print, the Division of Administrative Rules may include only the **RULE ANALYSIS**. A copy of each rule that is too long to print is available from the filing agency or from the 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 February 14, 2014. 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 May 15, 2014, 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.

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

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

The Proposed Rules Begin on the Following Page

Commerce, Real Estate
R162-2f
Real Estate Licensing and Practices
Rules

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 38213

FILED: 12/31/2013

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this change is to eliminate the outdated standard form of the Real Estate Purchase Contract for Residential Construction and to provide for the use of a form prepared by an attorney when presenting an offer on a property for which a certificate of occupancy has not been issued.

SUMMARY OF THE RULE OR CHANGE: The Real Estate Purchase Contract for Residential Construction is eliminated as an approved standard form. A real estate licensee shall use a form prepared by an attorney when presenting an offer on a property for which a certificate of occupancy has not been issued. The attorney preparing the form may have been employed by a principal in the transaction or by an entity in the business of selling blank forms.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 61-2f-306 and Subsection 61-2f-103(1)

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** The Division has the staff and budget in place to administer the rules regarding the use of purchase contract forms for properties for which a certificate of occupancy has not been issued. No additional resources will be required.

◆ **LOCAL GOVERNMENTS:** Local government is not required to administer rules regulating real estate licensees. No fiscal impact to local government is anticipated from this filing.

◆ **SMALL BUSINESSES:** Buyers and sellers of properties for which a certificate of occupancy has not been issued, or their real estate agents, will no longer have a free approved purchase contract to use in these transactions. Small businesses selling blank forms may see a slight increase in sales of blank forms. Attorneys representing buyers or sellers of properties for which a certificate of occupancy has not been issued may see a slight increase in business. The various financial impacts of this filing, both positive and negative, are expected to be minimal.

◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Buyers and sellers of properties for which a certificate of occupancy has not been issued, or their real estate agents,

will no longer have a free approved purchase contract to use in these transactions. Attorneys representing buyers or sellers of properties for which a certificate of occupancy has not been issued may see a slight increase in business. The various financial impacts of this filing, both positive and negative, are expected to be minimal.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Buyers and sellers of properties for which a certificate of occupancy has not been issued, or their real estate agents, will no longer have a free approved purchase contract to use in these transactions. The compliance costs of this filing are expected to be minimal.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This filing withdraws state approval of any real estate purchase contract that is intended for use with new construction. Affected businesses that require such a contract will bear the costs of acquiring an appropriate form from an attorney. Those costs will vary and cannot be estimated.

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

COMMERCE
 REAL ESTATE
 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:

◆ Justin Barney by phone at 801-530-6603, or by Internet E-mail at justinbarney@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 02/14/2014

THIS RULE MAY BECOME EFFECTIVE ON: 02/21/2014

AUTHORIZED BY: Jonathan Stewart, Director

R162. Commerce, Real Estate.

R162-2f. Real Estate Licensing and Practices Rules.

R162-2f-401a. Affirmative Duties Required of All Licensed Individuals.

An individual licensee shall:

(1) uphold the following fiduciary duties in the course of representing a principal:

(a) loyalty, which obligates the agent to place the best interests of the principal above all other interests, including the agent's own;

(b) obedience, which obligates the agent to obey all lawful instructions from the principal;

(c) full disclosure, which obligates the agent to inform the principal of any material fact the agent learns about:

- (i) the other party; or
- (ii) the transaction;

(d) confidentiality, which prohibits the agent from disclosing, without permission, any information given to the agent by the principal that would likely weaken the principal's bargaining position if it were known, but excepting any known material fact concerning:

- (i) a defect in the property; or
- (ii) the client's ability to perform on the contract;
- (e) reasonable care and diligence;
- (f) holding safe and accounting for all money or property entrusted to the agent; and

(g) any additional duties created by the agency agreement;

(2) for the purpose of defining the scope of the individual's agency, execute a written agency agreement between the individual and the individual's principal, including:

- (a) seller(s) the individual represents;
- (b) buyer(s) the individual represents;
- (c) buyer(s) and seller(s) the individual represents as a limited agent in the same transaction pursuant to this Subsection (4);
- (d) the owner of a property for which the individual will provide property management services; and

(e) a tenant whom the individual represents;

(3) in order to represent both principals in a transaction as a limited agent, obtain informed consent by:

- (a) clearly explaining in writing to both parties:
 - (i) that each is entitled to be represented by a separate agent;
 - (ii) the type(s) of information that will be held confidential;
 - (iii) the type(s) of information that will be disclosed; and
 - (iv) the circumstances under which the withholding of information would constitute a material misrepresentation regarding the property or regarding the abilities of the parties to fulfill their obligations;

(b) obtaining a written acknowledgment from each party affirming that the party waives the right to:

- (i) undivided loyalty;
- (ii) absolute confidentiality; and
- (iii) full disclosure from the licensee; and
- (c) obtaining a written acknowledgment from each party affirming that the party understands that the licensee will act in a neutral capacity to advance the interests of each party;

(4) when acting under a limited agency agreement:

- (a) act as a neutral third party; and
- (b) uphold the following fiduciary duties to both parties:
 - (i) obedience, which obligates the limited agent to obey all lawful instructions from the parties, consistent with the agent's duty of neutrality;

(ii) reasonable care and diligence;

(iii) holding safe all money or property entrusted to the limited agent; and

(iv) any additional duties created by the agency agreement;

(5) prior to executing a binding agreement, disclose in writing to clients, agents for other parties, and unrepresented parties:

(a) the licensee's position as a principal in any transaction where the licensee operates either directly or indirectly to buy, sell, lease, or rent real property;

(b) the fact that the licensee holds a license with the division, whether the license status is active or inactive, in any circumstance where the licensee is a principal in an agreement to buy, sell, lease, or rent real property;

(c) the licensee's agency relationship(s);

(d)(i) the existence or possible existence of a due-on-sale clause in an underlying encumbrance on real property; and

(ii) the potential consequences of selling or purchasing a property without obtaining the authorization of the holder of an underlying encumbrance;

(6) in order to offer any property for sale or lease, make reasonable efforts to verify the accuracy and content of the information and data to be used in the marketing of the property;

(7) in order to offer a residential property for sale, disclose the source on which the licensee relies for any square footage data that will be used in the marketing of the property:

(a) in the written agreement, executed with the seller, through which the licensee acquires the right to offer the property for sale; and

(b) in a written disclosure provided to the buyer, at the licensee's direction, at or before the deadline for the seller's disclosure per the contract for sale;

(8) upon initial contact with another agent in a transaction, disclose the agency relationship between the licensee and the client;

(9) when executing a binding agreement in a sales transaction, confirm the prior agency disclosure:

(a) in the currently approved Real Estate Purchase Contract;

or

(b) in a separate provision with substantially similar language incorporated in or attached to the binding agreement;

(10) when executing a lease or rental agreement, confirm the prior agency disclosure by:

(a) incorporating it into the agreement; or

(b) attaching it as a separate document;

(11) when offering an inducement to a buyer who will not pay a real estate commission in a transaction:

(a) obtain authorization from the licensee's principal broker to offer the inducement;

(b) comply with all underwriting guidelines that apply to the loan for which the borrower has applied; and

(c) provide notice of the inducement, using any method or form, to:

(i) the principal broker of the seller's agent, if the seller paying a commission is represented; or

(ii) the seller, if the seller paying a commission is not represented;

(12) if the licensee desires to act as a sub-agent for the purpose of showing property owned by a seller who is under contract with another brokerage, prior to showing the seller's property:

(a) notify the listing brokerage that sub-agency is requested; and

(b) enter into a written agreement with the listing brokerage with which the seller has contracted:

(i) consenting to the sub-agency; and

(ii) defining the scope of the agency;

(c) obtain from the listing brokerage all available information about the property; and

(d) uphold the same fiduciary duties outlined in this Subsection (1);

(13) provide copies of a lease or purchase agreement, properly signed by all parties, to the party for whom the licensee acts as an agent;

(14)(a) in identifying the seller's brokerage in paragraph 5 of the approved Real Estate Purchase Contract, use:

- (i) the principal broker's individual name; or
- (ii) the principal broker's brokerage name; and

(b) personally fulfill the licensee's agency relationship with the client, notwithstanding the information used to complete paragraph 5;

(15) timely inform the licensee's principal broker or branch broker of real estate transactions in which:

- (a) the licensee is involved as agent or principal;
- (b) the licensee has received funds on behalf of the principal broker; or

(c) an offer has been written;

(16)(a) disclose in writing to all parties to a transaction any compensation in addition to any real estate commission that will be received in connection with a real estate transaction; and

(b) ensure that any such compensation is paid to the licensee's principal broker;

(17)(a) in negotiating and closing a transaction involving a property for which a certificate of occupancy has been issued, use:

(i)(A) the standard forms approved by the commission and identified in Section R162-2f-401f;

(B) standard supplementary clauses approved by the commission; and

(C) as necessary, other standard forms including settlement statements, warranty deeds, and quit claim deeds;

(ii) forms prepared by an attorney for a party to the transaction, if:

(A) a party to the transaction requests the use of the attorney-drafted forms; and

(B) the licensee first verifies that the forms have in fact been drafted by the party's attorney; or

(iii) if no state-approved form exists to serve a specific need, any form prepared by an attorney, regardless of whether the attorney is employed for the purpose by:

(A) the principal; or

(B) an entity in the business of selling blank legal forms; and

(b) in presenting an offer on a property for which a certificate of occupancy has not been issued, use any form prepared by an attorney, regardless of whether the attorney is employed for the purpose by:

(i) the principal; or ~~the state-approved Real Estate Purchase Contract for Residential Construction; or~~

(ii) an entity in the business of selling blank forms. ~~[a contract that complies with Section 61-2f-306(2)(b)-(c).]~~

(18) use an approved addendum form to make a counteroffer or any other modification to a contract;

(19) in order to sign or initial a document on behalf of a principal:

(a) obtain prior written authorization in the form of a power of attorney duly executed by the principal;

(b) retain in the file for the transaction a copy of said power of attorney;

(c) attach said power of attorney to any document signed or initialed by the individual on behalf of the principal;

(d) sign as follows: "(Principal's Name) by (Licensee's Name), Attorney-in-Fact;" and

(e) initial as follows: "(Principal's Initials) by (Licensee's Name), Attorney-in-Fact for (Principal's Name);"

(20) if employing an unlicensed individual to provide assistance in connection with real estate transactions, adhere to the provisions of Section R162-2f-401g;

(21) strictly adhere to advertising restrictions as outlined in Section R162-2f-401h;

(22) as to a guaranteed sales agreement, provide full disclosure regarding the guarantee by executing a written contract that contains:

(a) the conditions and other terms under which the property is guaranteed to be sold or purchased;

(b) the charges or other costs for the service or plan;

(c) the price for which the property will be sold or purchased; and

(d) the approximate net proceeds the seller may reasonably expect to receive;

(23) immediately deliver money received in a real estate transaction to the principal broker for deposit; and

(24) as contemplated by Subsection 61-2f-401(18), when notified by the division that information or documents are required for investigation purposes, respond with the required information or documents in full and within ten business days.

R162-2f-401f. Approved Forms.

The following standard forms are approved by the commission and the Office of the Attorney General for use by all licensees:

(1) August 27, 2008, Real Estate Purchase Contract;

(2) ~~[January 1, 1999 Real Estate Purchase Contract for Residential Construction;~~

~~(3)~~ January 1, 1987, Uniform Real Estate Contract;

(3)[(4)] October 1, 1983, All Inclusive Trust Deed;

(4)[(5)] October 1, 1983, All Inclusive Promissory Note Secured by All Inclusive Trust Deed;

(5)[(6)] August 5, 2003, Addendum to Real Estate Purchase Contract;

(6)[(7)] August 27, 2008, Seller Financing Addendum to Real Estate Purchase Contract;

(7)[(8)] January 1, 1999, Buyer Financial Information Sheet;

(8)[(9)] August 27, 2008, FHA/VA Loan Addendum to Real Estate Purchase Contract;

(9)[(10)] January 1, 1999, Assumption Addendum to Real Estate Purchase Contract;

(10)[(11)] January 1, 1999, Lead-based Paint Addendum to Real Estate Purchase Contract; and

(11)[(12)] January 1, 1999, Disclosure and Acknowledgment Regarding Lead-based Paint and/or Lead-based Paint Hazards.

KEY: real estate business, operational requirements, trust account records, notification requirements

Date of Enactment or Last Substantive Amendment: [June 21, 2013]2014

Authorizing, and Implemented or Interpreted Law: 61-2f-103(1); 61-2f-105; 61-2f-203(1)(e); 61-2f-206(3); 61-2f-206(4)(a); 61-2f-306; 61-2f-307

Labor Commission, Adjudication
R602-2-5
Timeliness of Decisions

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 38193

FILED: 12/17/2013

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: This rule is necessary to establish timeliness standards and procedures for the adjudication of workers' compensation claims in accordance with S.B. 99, which was passed during the 2013 General Legislative Session.

SUMMARY OF THE RULE OR CHANGE: The rule establishes timeliness standards and procedures for the adjudication of workers' compensation claims, describes legislative reporting requirements, defines when cases may not meet the timeliness requirements, and establishes a prioritization process for motions for review.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 34A-2-801

ANTICIPATED COST OR SAVINGS TO:

♦ **THE STATE BUDGET:** There is no anticipated cost or savings to the state budget. The rule merely establishes timeliness standards and other internal standards for the Commission's adjudication of workers' compensation claims.

♦ **LOCAL GOVERNMENTS:** There is no anticipated cost or savings to local government. The rule merely establishes timeliness standards and other internal standards for the Commission's adjudication of workers' compensation claims.

♦ **SMALL BUSINESSES:** There is no anticipated cost or savings to small businesses. The rule merely establishes timeliness standards and other internal standards for the Commission's adjudication of workers' compensation claims.

♦ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** There is no anticipated cost or savings to persons other than small businesses, businesses, or local government entities. The rule merely establishes timeliness standards and other internal standards for the Commission's adjudication of workers' compensation claims.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no persons affected by the enactment of this rule and there should be no compliance costs.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: There will be no fiscal impact on business because of this rule. The rule imposes timeliness standards and other internal standards for the adjudication of workers' compensation claims.

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

LABOR COMMISSION

ADJUDICATION

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:

♦ Heather Gunnarson by phone at 801-536-7928, by FAX at 801-530-6333, or by Internet E-mail at hgunnarson@utah.gov
 ♦ Jaceson Maughan by phone at 801-530-6036, by FAX at 801-530-6390, or by Internet E-mail at jacesonmaughan@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 02/14/2014

THIS RULE MAY BECOME EFFECTIVE ON: 02/21/2014

AUTHORIZED BY: Sherrie Hayashi, Commissioner

R602. Labor Commission, Adjudication.

R602-2. Adjudication of Workers' Compensation and Occupational Disease Claims.

R602-2-5. Timeliness of Decisions.

A. Pursuant to Section 34A-2-801, the Commission adopts the following rule to ensure decisions on contested workers' compensation cases are issued in a timely and efficient manner.

1. This rule applies to all workers' compensation adjudication cases and motions for review filed on or after July 1, 2013.

B. Timeliness standards.

1. The Adjudication Division will issue all interim decisions and all final decisions within 60 days of the date on which the matter is ready for decision unless the parties agree to a longer period of time or issuing a decision within 60 days is impracticable. The Division will maintain a record of those cases in which a decision is not issued within 60 days.

2. The Commissioner or Appeals Board will issue all decisions on motions for review within 90 days of the date on which the motion for review is filed unless the parties agree to a longer period of time or issuing a decision within 90 days is impracticable. The Commission will maintain a record of those cases in which a decision is not issued within 90 days.

C. Yearly Report

1. The Commission shall annually provide to the Business and Labor Interim Committee a report that includes the following information:

a. The number of cases for which an application for hearing was filed during the previous calendar year;

b. The number of cases for which a Division decision was not issued within 60 days of the hearing;

c. The number of cases for which a decision on a motion for review was not issued within 90 days of the date on which the motion for review was filed;

d. The number of cases for which an application for hearing was filed during the previous year that resulted in a final Commission decision issued within 18 months of the filing date; and

e. The number of cases for which an application for hearing was filed during the previous year that did not result in a final Commission decision issued within 18 months of the filing date and the reason such a decision was not issued.

D. Commission decisions might not be issued within these timeframes if doing so is impracticable.

1. For purposes of this rule, "impracticable" may include but is not limited to:

a. Cases that are sent to a medical panel;

b. Cases in which the hearing record is left open at the request of one or more of the parties or by order of the ALJ;

c. Cases in which one or more parties file post-hearing motions or objections;

d. Cases in which the parties request mediation or an extension of time to pursue settlement negotiations;

e. Cases in which due process requires subsequent or additional adjudication;

f. Cases in which a claimant is required to amend the application for hearing or in which a respondent is required to amend a response or answer; or

e. Cases in which an appellate decision related to the pending case or a similar case may have bearing on the pending case.

E. The Commission will receive the motion for review immediately after the motion is filed with the Adjudication Division.

1. Preliminary evaluation: motions for review.

a. Immediately upon transfer of a motion for review from the Adjudication Division to the Commission, staff will review the ALJ's decision and the motion for review. Responses will be reviewed as they are submitted. Based on that review, staff will prioritize cases for decision in the following order:

i. Cases with statutory mandates to issue quick decisions, such as requests to eliminate or reduce temporary disability compensation.

ii. Cases that require an immediate decision in order to allow the underlying adjudicative proceeding to proceed.

iii. Cases that can be resolved without research or extensive decision-writing.

iv. Cases that need to be decided in a timely manner by the Appeals Board in order to be completed within 90 days.

b. If none of these factors are present, cases will be completed in the order they are received, with the oldest cases receiving priority.

KEY: workers' compensation, administrative procedures, hearings, settlements

Date of Enactment or Last Substantive Amendment: [~~December 24, 2012~~2014

Notice of Continuation: June 19, 2012

Authorizing, and Implemented or Interpreted Law: 34A-1-301 et seq.; 63G-4-102 et seq.

Public Safety, Driver License R708-31 Ignition Interlock Systems

NOTICE OF PROPOSED RULE (Amendment)

DAR FILE NO.: 38196

FILED: 12/18/2013

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The language that previously established the impecuniosity fund with the Department of Public Safety was stricken during the 2001 General Legislative session and no longer exists.

SUMMARY OF THE RULE OR CHANGE: There was a legislative change that occurred during the 2001 General Legislative Session regarding fees associated with the ignition interlock system. At that time, fees were no longer collected and deposited into a fund for indigent individuals; instead, costs were born by the ignition interlock providers when the court found a person to be impecunious. This rule is being amended to remove language regarding awarding a sole source contract to a vendor to provide ignition interlock systems to individuals based on impecuniosity.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 41-6a-518

ANTICIPATED COST OR SAVINGS TO:

◆ **THE STATE BUDGET:** There is no cost or savings to the state budget because the law was amended in 2001 and the procedures for impecuniosity under Section R708-31-5 are obsolete.

◆ **LOCAL GOVERNMENTS:** There are no cost or savings to local government because the law was amended in 2001 and the procedures for impecuniosity under Section R708-31-5 are obsolete.

◆ **SMALL BUSINESSES:** Small business may have been affected in 2001 when the law changed if the court ruled the individual was impecunious and the ignition interlock provider was required to install an ignition interlock device. However, small business is not affected by this amendment because the law was amended in 2001 and the procedures for impecuniosity under Section R708-31-5 are obsolete.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: Persons other than small businesses, businesses, or local government entities are not affected because the law was amended in 2001 and the procedures for impecuniosity under Section R708-31-5 are obsolete.

COMPLIANCE COSTS FOR AFFECTED PERSONS: There are no compliance costs for affected persons because the court may find the person impecunious and require the ignition interlock provider to bear the costs associated with the device.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: I have reviewed this rule and found no anticipated fiscal impact on businesses.

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

PUBLIC SAFETY
DRIVER LICENSE
CALVIN L RAMPTON COMPLEX
4501 S 2700 W 3RD FL
SALT LAKE CITY, UT 84119-5595
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Jill Laws by phone at 801-964-4469, by FAX at 801-964-4482, or by Internet E-mail at jlaws@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 02/14/2014

THIS RULE MAY BECOME EFFECTIVE ON: 02/21/2014

AUTHORIZED BY: Keith Squires, Commissioner

R708. Public Safety, Driver License.

R708-31. Ignition Interlock Systems.

R708-31-1. Authority.

(1) This rule establishes standards for the certification of ignition interlock systems as required by Section 41-6a-518.

R708-31-2. Purpose.

(1) The purpose of this rule is to provide[-] ~~(a)~~ standards and requirements for certifying ignition interlock systems.

~~(b) procedure for supplying an ignition interlock system for those individuals who are impecunious.~~

R708-31-3. Standards.

(1) All vendors who want to certify and provide ignition interlock systems shall:

(a) apply to the Driver License Division of the Department of Public Safety[-];

(b) provide an independent laboratory report showing evidence that their ignition interlock system meets the requirements of NHTSA (Federal Register Vol. 57, No. 67) which is incorporated by reference, and the standards as specified in Section 41-6a-518[-]; and

(c) meet the requirements of Section 4 of this rule in order to be placed on an approved vendor's list.

R708-31-4. Requirements.

(1) To be included on an approved vendor's list, each vendor must:

(a) be certified by the Department of Public Safety to operate in Utah[-];

(b) show evidence that there is adequate product liability insurance[-]; and

(c) pay all applicable fees.

[R708-31-5. Procedure for Impecuniosity.

~~(1) The Driver License Division may award a sole source contract to a vendor to provide an ignition interlock system to individuals for whom payment of costs has been waived or deferred on the grounds of impecuniosity.~~

]KEY: ignition interlock systems

Date of Enactment or Last Substantive Amendment: [1994]2014

Notice of Continuation: April 7, 2009

Authorizing, and Implemented or Interpreted Law: 41-6a-518

Public Service Commission,
Administration
R746-341
Lifeline/Link-up Rule

NOTICE OF PROPOSED RULE

(Amendment)

DAR FILE NO.: 38198

FILED: 12/19/2013

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: Subsections R746-341-4(C)(2)(c) and R746-341-4(D) pertain to the Lifeline Program, which have both federal and state aspects (i.e., both the Federal Lifeline Program and Utah Lifeline Program provide discounts on eligible participants' phone bills). It is necessary to amend this rule because it conflicts with recently adopted Federal Communication Commission requirements. Section R746-341-6 addresses part of the Lifeline Program which the Federal Communications Commission has discontinued. Therefore, it is necessary to remove this section.

SUMMARY OF THE RULE OR CHANGE: This amendment removes Subsections R746-341-4(C)(2)(c) and R746-341-4(D), and Section R746-341-6 which addresses part of the Lifeline Program which the Federal Communications Commission has discontinued.

STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE: Section 54-4-1 and Section 54-4-4

ANTICIPATED COST OR SAVINGS TO:

◆ THE STATE BUDGET: Amending Subsections R746-341-4(C)(2)(c) and R746-341-4(D) will result in a more streamlined process for removing non-qualifying participants from the Lifeline Program, which should result in a savings because of fewer contacts with the participants. Removing Section R746-341-6 will not affect state budget.

◆ LOCAL GOVERNMENTS: Subsections R746-341-4(C)(2)(c) and R746-341-4(D), and Section R746-341-6 have no bearing on local government and, therefore, these changes will not affect local government.

◆ SMALL BUSINESSES: Subsections R746-341-4(C)(2)(c) and R746-341-4(D), and Section R746-341-6 have no bearing on small businesses and, therefore, these changes will not affect small businesses.

◆ PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES: Amending Subsections R746-341-4(C)(2)(c) and R746-341-4(D) will have an affect because the appeal process for participants whom administrators believe are no longer eligible for the Lifeline Program will be 10 days shorter (i.e., 30 days rather than 40 days), per federal requirements. Removing Section R746-341-6 will not have an affect.

COMPLIANCE COSTS FOR AFFECTED PERSONS: Amending Subsections R746-341-4(C)(2)(c) and R746-341-4(D), and removing R746-341-6 will result in no compliance costs for affected persons.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Subsections R746-341-4(C)(2)(c) and R746-341-4(D), and Section R746-341-6 have no bearing on businesses and, therefore, these changes will have no fiscal impacts on businesses.

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

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

DIRECT QUESTIONS REGARDING THIS RULE TO:

◆ Jordan White by phone at 801-530-6712, or by Internet E-mail at jordanwhite@utah.gov

◆ Sheri Bintz by phone at 801-530-6714, by FAX at 801-530-6796, or by Internet E-mail at sbintz@utah.gov

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS NO LATER THAN AT 5:00 PM ON 02/14/2014

THIS RULE MAY BECOME EFFECTIVE ON: 02/21/2014

AUTHORIZED BY: Jordan White, Legal Counsel

R746. Public Service Commission, Administration.

R746-341. Lifeline/Link-up Rule.

R746-341-1. Applicability.

Telecommunications corporations that have been designated as eligible telecommunications carriers by the Commission, pursuant to Section 214 of the Federal Communications Act, shall establish a lifeline telephone service pursuant to the requirements of Sections 2 through 10.

R746-341-2. Definitions.

A. "Applicant" -- means the eligible telecommunications customer who owns and resides in a residential property or rents and resides in a residential property.

B. "Responsible Agency" -- means the state government agency that administers the certification, verification, and continued verification of Lifeline enrollment.

C. "ETC" -- means the eligible telecommunications carrier.

D. "Federal Poverty Guidelines" -- means the poverty guidelines issued each year by the Department of Health and Human Services and published in the Federal Register.

E. "Income" -- means gross income, whether earned or unearned, received by all members of the household including, but not limited to, salary before deductions. Income shall not include student financial aid, military housing and cost-of-living allowances, or irregular income from occasional small jobs.

R746-341-3. Eligibility Requirements.

A. Program-Based Criteria -- The ETCs shall provide lifeline telephone service to any applicant who self-certifies, under the penalty of perjury, his household is eligible for public assistance under one of the following or its successor programs:

1. Temporary Assistance to Needy Families (TANF);
2. Work Toward Employment;
3. Food Stamps;
4. General Assistance;
5. Home Energy Assistance Target Programs/Help Program;
6. Medicaid;
7. Refugee Assistance;
8. Supplemental Security Income.
9. Federal Public Housing Assistance, including Section 8

Housing;

10. National School Lunch Free Lunch Program; or
11. Head Start Program (income qualifying standard only).

B. Income-Based Criteria -- The ETCs shall provide lifeline telephone service to any applicant who certifies via supporting documentation, under the penalty of perjury, his household income to be at or below 135 percent of the then applicable Federal Poverty Guidelines.

1. Income-based eligibility is based on family size and actual income, therefore, the Lifeline customers must certify, under the penalty of perjury, the number of individuals residing in their household.

2. A Lifeline customer must certify, under the penalty of perjury, that the documentation presented accurately represents the applicant's annual household income. The following documents, or any combination of these documents, are acceptable for Lifeline certification;

- a. Prior year's state, federal, or tribal tax return;
- b. Current year-to-date earnings statement from an employer or three consecutive months of paycheck stubs;
- c. Social Security statement of benefits;
- d. Veterans Administration statement of benefits;
- e. Retirement/pension statement of benefits;
- f. Unemployment/Worker's Compensation statement of benefits;
- g. Federal or tribal notice letter of participation in Bureau of Indian Affairs General Assistance; or
- h. Divorce decree, or child support wage assignment statement.

C. Certification -- The application form for participation will be supplied by the ETC or the responsible agency and contain the following:

- 1. applicant's name, program participating telephone number, if available, identification of the ETC which the applicant anticipates will provide service, and social security number;
- 2. a request for lifeline service, and where applicable, a request for Link-up America Plan participation;
- 3. an affirmative statement that the applicant qualifies for lifeline service.
- 4. a statement, under the penalty of perjury, as to whether the person is participating in one of the programs listed in Subsection R746-341-3.A or other federal eligibility criteria; or a statement, under the penalty of perjury, as to whether the person's household income is at or below 135 percent of the Federal Poverty Guidelines.
 - a. If qualified by income-based criteria, a statement, under penalty of perjury, that identifies the number of individuals residing in the household and affirms that the documentation presented to support eligibility accurately represents the applicant's household income.
 - 5. a statement that if the applicant is later shown to have submitted a false self-certification for the Lifeline program, the applicant will be responsible to pay the difference between the lifeline service rate and the otherwise applicable service rate;
 - 6. a statement whether this is a new connection or a reconnection; and
 - 7. the applicant's signature.

D. Documentation Retention -- The responsible agency will retain income and program eligibility certification for as long as agreed with the Commission.

E. Tribal Land Lifeline Discounts -- Customers who live on tribal lands and who qualify for the state Lifeline service rate based on the program qualifications, other federal eligibility criteria, and income qualifications set forth in R746-341-3, are eligible to receive a larger federal discount. Those federal discounts are not within the scope of, nor governed by, these rules.

R746-341-4. Continuing Eligibility.

- A. Annual Verification -- The continuing eligibility of customers on the Lifeline service rate shall be verified annually
- B. Verification Responsibilities -- At least annually, the responsible agency shall provide the ETCs with information

identifying customers who are eligible for Lifeline service or Link-up America Plan participation.

C. Verification Methods -- The responsible agency will verify the continued eligibility of Lifeline customers under the program-based and income-based eligibility criteria.

1. The responsible agency shall identify a method by which income eligibility will be verified on an annual basis including, but not limited to, annual self-certification, random beneficiary audits, a periodic submission of income documents, or the continued eligibility of a statistically valid sample of Lifeline customers.

2. Should the ETC have a reasonable basis to believe that a Lifeline telephone service customer no longer qualifies for Lifeline service in accordance with this rule, the ETC shall inform the responsible agency. If a Lifeline customer does not appear as a participant in a program on the state computer system or the responsible agency otherwise has a basis to believe that the customer no longer qualifies for Lifeline service, the responsible agency will send a notice to the Lifeline customer requesting;

- a. proof of participation in any of the programs listed in R746-341-3.A or other federal eligibility criteria; or
- b. documentation of eligibility under the income-based criteria set forth in R746-341-3.B.

~~[-----c. The notice must allow the customer at least 40 days to demonstrate continued eligibility consistent with this rule.~~

~~-----D. Termination Notices and Dispute Resolution-----~~

~~-----1. If the customer fails to respond to the notice given pursuant to R746-341-4.C.2. or otherwise establish continued eligibility, the responsible agency shall notify the customer of its intent to discontinue the customer's eligibility and the basis for that decision. The program eligibility termination notice shall be in writing and shall be delivered to the customer's mailing address.~~

~~-----a. The program eligibility termination notice must allow the customer at least 20 days to demonstrate continued eligibility consistent with this rule. The customer's participation in Lifeline may not be discontinued during the 20-day period.~~

~~-----b. The notice shall also alert the customer of the option to continue local telephone service after termination of Lifeline benefits at the non-discounted rate.~~

~~-----2. If the customer fails to provide proof of continued eligibility as required, or the responsible agency does not accept the customer's proof of continued eligibility, the responsible agency shall notify the customer in writing of its determination to discontinue the customer's participation in the program. The notice shall also include instructions for filing an appeal of the determination.~~

~~-----a. The customer may appeal this decision within ten days of the notification by filing a written notice of appeal with the Division of Public Utilities.~~

~~-----b. Lifeline benefits will continue pending an appeal of a non-eligibility decision.~~

~~-----3. The appeal shall be addressed consistent in time and manner with the dispute resolution procedures set forth in R746-240-7 and 8 that provide for review and resolution of disputes between telecommunications carriers and consumers with the responsible agency in place of a telecommunications carrier.~~

E. False Certification Penalties -- A Lifeline telephone service customer who does not qualify and has falsely self-certified and participated in the Lifeline program will be responsible to pay the difference between the Lifeline service rate and the otherwise

applicable service rate for the length of time the customer subscribed to Lifeline telephone service for which the customer was not eligible.

R746-341-5. Lifeline Telephone Service Features.

A. Discounts -- Lifeline telephone service provided by ETCs shall consist of dial tone line, usage charges or their equivalent, and any Extended Area Service (EAS) charges, less a discount of \$3.50 and any other matching funds established by the Federal Communication Commission.

B. Deposits -- When customer security deposits are otherwise required, they will be waived for Lifeline telephone service customers if the customer voluntarily elects to receive toll blocking.

C. Link-Up America Plan Participation -- Companies providing Lifeline service shall apply for the Link-Up America Plan provided by the Federal Communications Commission.

D. Nonrecurring Charge Waiver -- Lifeline telephone service customers will receive a waiver of the nonrecurring service charge for changing the type of local exchange usage service to Lifeline service, or changing from flat rate service to message rate service, or vice versa, but only one such waiver shall be allowed during any 12-month period.

E. Disconnection -- Lifeline service shall not be disconnected for nonpayment of toll service.

F. Restrictions -- Lifeline telephone service will be subject to the following restrictions:

1. Lifeline telephone service will only be provided to the applicant's principal residence.

2. A Lifeline telephone service customer will only receive a Lifeline discount on one single residential access line.

G. Other Services -- A Lifeline telephone service customer will not be required to purchase other services from the ETC, nor prohibited from purchasing other services unless the customer has failed to comply with the ETC's terms and conditions for those services.

~~R746-341-6. Link-up America Plan Telephone Service.~~

~~A. Link-Up -- An ETC shall provide the initial installation for telephone service to any applicant who qualifies for Lifeline service in accordance with the eligibility criteria listed under R746-341-3.~~

~~1. Link-up telephone service provided by ETCs is a federal program that provides a 50 percent discount of the initial hook-up fee, up to \$30.00, for eligible customers. ETCs shall apply the Link-up~~

~~America Plan discount to eligible customers identified by the responsible agency.~~

~~B. Enhanced Link-Up -- Customers who live on tribal lands and qualify for the state Lifeline service rate under R746-341-3, are eligible to receive a larger federal discount. Those federal discounts are not within the scope of, nor governed by, these rules.~~

JR746-341-7. Reporting Requirements.

A. Reporting Requirements -- ETCs shall submit, to the Division of Public Utilities, a semi-annual report, by June 30 and December 31, of each year, containing a description of the ETC's Lifeline program. The reports shall also contain monthly information on:

1. the forgone revenue resulting from the discounts provided to Lifeline customers;

2. the amounts of administrative, advertising, voucher and other program expenses;

3. interest accrual amounts on Lifeline and Link up funds; and

4. the number of Lifeline telephone service customers by exchange area; and

5. a detailed report of outreach efforts.

R746-341-8. Funding of Lifeline.

A. Cost Recovery -- The total cost of providing Lifeline telephone service, including the administrative costs of the ETCs and the costs incurred by the responsible agency, shall be recovered and funded as provided in 54-8b-15.

R746-341-9. Collection and disbursement of Lifeline Funds.

A. ETC Payment -- Within 30 days after review and audit of an ETC's semi-annual report, the Public Service Commission shall disburse an amount equal to the ETC's semi-annual Lifeline program expenses and Lifeline discounts granted.

KEY: telephone, telecommunications, rules and procedures, lifeline rates

Date of Enactment or Last Substantive Amendment: ~~October 20, 2005~~ 2014

Notice of Continuation: October 18, 2010

Authorizing, and Implemented or Interpreted Law: 54-4-1; 54-4-4

End of the Notices of Proposed Rules Section

NOTICES OF 120-DAY (EMERGENCY) RULES

An agency may file a **120-DAY (EMERGENCY) RULE** when it finds that regular rulemaking procedures would:

- (a) cause an imminent peril to the public health, safety, or welfare;
- (b) cause an imminent budget reduction because of budget restraints or federal requirements; or
- (c) place the agency in violation of federal or state law (Subsection 63G-3-304(1)).

As with a **PROPOSED RULE**, a **120-DAY RULE** is preceded by a **RULE ANALYSIS**. This analysis provides summary information about the **120-DAY RULE** including the name of a contact person, justification for filing a **120-DAY RULE**, anticipated cost impact of the rule, and legal cross-references.

Following the **RULE ANALYSIS**, the text of the **120-DAY RULE** is printed. New text is underlined (example) and text to be deleted is struck out with brackets surrounding the deleted text ([example]). An emergency rule that is new is entirely underlined. Likewise, an emergency rule that repeals an existing rule shows the text completely struck out. A row of dots in the text (.) indicates that unaffected text was removed to conserve space.

A **120-DAY RULE** is effective when filed with the Division of Administrative Rules, or on a later date designated by the agency. A **120-DAY RULE** is effective for 120 days or until it is superseded by a permanent rule. Because of its temporary nature, a **120-DAY RULE** is not codified as part of the *Utah Administrative Code*.

The law does not require a public comment period for **120-DAY RULES**. However, when an agency files a **120-DAY RULE**, it may file a **PROPOSED RULE** at the same time, to make the requirements permanent.

Emergency or **120-DAY RULES** are governed by Section 63G-3-304, and Section R15-4-8.

Health, Health Care Financing, Coverage and Reimbursement Policy **R414-310** Medicaid Primary Care Network Demonstration Waiver

NOTICE OF 120-DAY (EMERGENCY) RULE

DAR FILE NO.: 38210
FILED: 12/31/2013

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this change is to extend the Primary Care Network (PCN) under the 1115 Waiver authority as recently approved by the Centers for Medicare and Medicaid Services (CMS) and to align PCN with the provisions of the Patient Protection and Affordable Care Act (ACA) in regards to determining income, budgeting of income, the filing unit and the processing of applications and reviews for Modified Adjusted Gross Income (MAGI)-based coverage groups.

SUMMARY OF THE RULE OR CHANGE: This rule defines the general provisions for determining the countable income, best estimates of income, and the filing unit for the Primary

Care Network which will follow the methodologies used for MAGI-based groups. The rule defines the provisions for accepting and processing applications, making eligibility determinations and processing reviews for PCN to match those used for other MAGI-based groups. The rule also makes changes to comply with the new requirements of the 1115 Demonstration Waiver which includes reducing the income limit to 100% Federal Poverty Level (FPL), eliminating the annual enrollment fee, and eliminating the 12-month certification period so that PCN will be month-to-month eligibility. It also updates incorporations and makes other needed technical changes.

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

EMERGENCY RULE REASON AND JUSTIFICATION:
REGULAR RULEMAKING PROCEDURES WOULD place the agency in violation of federal or state law.

JUSTIFICATION: The Department's 1115 Waiver authority for PCN was set to expire 12/31/2013. The Department has been in negotiations with CMS to extend this waiver authority and received approval in December. As part of the approval, the Department must modify the eligibility criteria to align with MAGI methodologies from ACA, reduce the income limit to 100% FPL, and have PCN be on a month-to-month eligibility process.

MATERIALS INCORPORATED BY REFERENCES:

- ◆ Updates 42 CFR 431.206, 42 CFR 431.210, 42 CFR 431.211, 42 CFR 431.213, 42 CFR 431.214, and 42 CFR 435.919, published by Government Printing Office, 10/01/2013
- ◆ Updates 42 CFR 435.911 and 42 CFR 435.912, published by Government Printing Office, 10/01/2013
- ◆ Adds 42 CFR 435.603(c),(d),(e),(g), and (h), published by Government Printing Office, 10/01/2013
- ◆ Updates 42 CFR 433.138(b) and 42 CFR 435.610, published by Government Printing Office, 10/01/2013
- ◆ Removes 20 CFR 416 Subpart K, Appendix, published by Government Printing Office, 10/01/2010
- ◆ Removes 42 CFR 435.907 and 42 CFR 435.908, published by Government Printing Office, 10/01/2010
- ◆ Updates Section 1915(b) of the Compilation of the Social Security Laws, published by Social Security Administration, 01/01/2013

ANTICIPATED COST OR SAVINGS TO:

- ◆ **THE STATE BUDGET:** The state will not incur any new costs because funding was previously approved for this ongoing program.
- ◆ **LOCAL GOVERNMENTS:** This change does not create a cost for local governments because they do not determine PCN eligibility.
- ◆ **SMALL BUSINESSES:** This change will not cost small businesses anything because they do not determine eligibility for PCN, and this does not impose any changes on businesses.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Individuals with income under 100% FPL will not incur any new costs as this rule continues the PCN program for these individuals. Individuals with income above 100% FPL will be transitioned off of the PCN program and instructed about how they can apply for insurance through the Federally Facilitated Marketplace and about the potential that they may qualify for Advanced Premium Tax Credits. Data is not available to determine the aggregate cost for these individuals as the Department cannot predict how much each individual might receive in Advanced Premium Tax Credits nor how much private insurance might cost.

COMPLIANCE COSTS FOR AFFECTED PERSONS: An individual with income above 100% FPL could incur some costs to purchase private insurance; however, those costs may be offset with the availability of Advanced Premium Tax Credits from the federal government.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: Subsidies may increase the number of individuals enrolled in private health insurance plans.

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

EFFECTIVE: 01/01/2014

AUTHORIZED BY: David Patton, PhD, Executive Director

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

R414-310. Medicaid Primary Care Network Demonstration Waiver.

R414-310-2. Definitions.

The definitions in Rules R414-1 and R414-301 apply to this rule. In addition, the following definitions apply throughout this rule:

(1) "Avenue H" means Utah's Health Insurance Marketplace for Utah employers and their employees where the employees can find information about available employer-sponsored health insurance plans, select a plan and enroll online. [~~"American Indian or Alaska Native" means someone having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.~~]

(2) "Best estimate" means the eligibility agency's determination of a household's income for the upcoming certification period based on past and current circumstances and anticipated future changes.

(3) "Children's Health Insurance Program" or (CHIP) means the program for medical benefits under Title 26, Chapter 40, Utah Children's Health Insurance Act.

(4) "Copayment and coinsurance" means a portion of the cost for a medical service for which the enrollee is responsible to pay for services received under the Primary Care Network.

(5) "Creditable Health Coverage" means any health insurance coverage as defined in 45 CFR 146.113.

(6) [~~"Deeming" or "deemed" means a process of counting income from a spouse or an alien's sponsor to decide what amount of income after certain allowable deductions, if any, must be considered income to an applicant or enrollee.~~]

(7) "~~Department~~" means the Department of Health.

(8) "~~Eligibility agency~~" means the Department of Workforce Services (DWS) that determines eligibility for the Primary Care Network program under contract with the Department.

(9) [~~Employer-sponsored health plan~~] means a health insurance plan offered by an employer either directly or through [~~the Utah Health Exchange~~] Avenue H.

~~(10) "Enrollee" means an individual who has applied for and has been found eligible for the Primary Care Network program [and has paid the enrollment fee].~~

~~(11) "Enrollment fee" means a payment that an applicant or an enrollee must pay to the eligibility agency to enroll in and receive coverage under the Primary Care Network program.~~

~~(12) "Income annualizing" means a process of determining the average annual income of a household, based on the past history of income and expected changes.~~

~~(13) "Income anticipating" means a process of using current facts regarding rate of pay, number of working hours, and expected changes to anticipate future income.~~

~~(14) "Income averaging" means a process of using a history of past and current income and averaging it over a determined period of time to represent future income.~~

~~(15) "Open enrollment" means a period during which the eligibility agency accepts applications for the Primary Care Network program.~~

~~(16) "Primary Care Network" or (PCN) means the program for benefits under the Medicaid Primary Care Network Demonstration Waiver.~~

~~(17) "Recertification" Review month" means the last month of the certification period for an enrollee during which the eligibility agency shall redetermine eligibility for a new certification period if the enrollee completes the [recertification] review process timely.~~

~~(18) "Student health insurance plan" means a health insurance plan that is offered to students directly through a university or other educational facility [or through a private health insurance company that offers coverage plans specifically for students].~~

~~(19) "Utah Health Exchange" or (UHE) means an internet portal for Utah employers and their employees where the employees can find information about available employer-sponsored health insurance plans, select a plan and enroll online.~~

~~(20) "Utah's Premium Partnership for Health Insurance" or (UPP) means the program described in Rule R414-320.~~

R414-310-3. Applicant and Enrollee Rights and Responsibilities.

~~(1) The provisions of Section R414-301-3 apply to applicants and enrollees of the PCN program except that reportable changes for PCN applicants and enrollees are defined in Subsection R414-310-3(3).~~

~~(2) [Any person may apply during an open enrollment period who meets the limitations set by the Department. The open enrollment period may be limited to:~~

~~(a) an individual with children under the age of 19 in the home;~~

~~(b) an individual without children under the age of 19 in the home;~~

~~(c) an individual who is enrolled in the PCN program;~~

~~(d) an individual who is enrolled in the UPP program;~~

~~(e) an individual who is enrolled in the General Assistance program;~~

~~(f) an individual who is enrolled in the Medicaid program within 30 days before the open enrollment period begins; or~~

~~(g) any group that the Department designates in advance to be consistent with efficient administration of the program.~~

~~(3) An applicant or enrollee must report certain changes to the eligibility agency within ten calendar days of the change~~

becomes known. The eligibility agency shall notify the applicant at the time of application of the changes that the enrollee must report. ~~[Some examples of r]~~Reportable changes include:

(a) An enrollee in PCN begins to receive coverage or to have access to coverage under a group health plan or other health insurance coverage;

(b) An enrollee in PCN begins to receive coverage under, or begins to have access to student health insurance, Medicare ~~[Part A or B]~~, or the Veteran's Administration Health Care System;

(c) Changes in household income;

~~(d) Changes in household composition [An enrollee leaves the household or dies];~~

~~(e) An enrollee or the household moves out of state;~~

~~(f) Change of address of an enrollee or the household; or~~

~~(g) An enrollee enters a public institution or an institution for mental diseases.~~

~~(3) An applicant or enrollee has a right to request an agency conference or a fair hearing as described in Sections R414-301-5 and R414-301-6.~~

~~(4) An enrollee in PCN is responsible for paying any required copayments or coinsurance amounts to providers for medical services that the enrollee receives that are covered under PCN.~~

R414-310-4. General Eligibility Requirements.

~~(1) The provisions of Sections R414-302-3, R414-302-4, R414-302-5, and R414-302-6 concerning United States (U.S.) citizenship, alien status, state residency, use of social security numbers, and applying for other benefits, apply to applicants and enrollees of PCN.~~

~~(2) An individual who is not a U.S. citizen or national, or who does not meet the alien status requirements of Section R414-302-3 is not eligible for any services or benefits under PCN.~~

~~(3) An individual must be at least 19 and not yet 65 years of age to enroll in PCN.~~

~~(a) The month in which an individual turns 19 years of age is the first month that the person may enroll in PCN.~~

~~(b) An individual must enroll in the PCN program before he turns 65 years of age.~~

~~(c) Enrollment shall end effective the end of the month in which an individual turns 65 years of age.~~

~~(4) The eligibility agency only accepts applications during open enrollment periods. The eligibility agency limits the number it enrolls according to the funds available for the program and may stop enrollment at any time.~~

~~(a) The open enrollment period may be limited to:~~

~~(i) individuals with children under the age of 19 in the home;~~

~~(ii) individuals without children under the age of 19 in the home.~~

~~(b) The eligibility agency may not accept applications or maintain waiting lists during a period that enrollment of new individuals is stopped.~~

~~(5) The provisions of Subsection R414-302-6(1) and (4) apply to applicants and enrollees of PCN who are residents of institutions.~~

~~(6) An applicant or enrollee is not required to provide Duty of Support information to enroll in PCN. An adult whose eligibility for Medicaid has been denied or terminated for failure to cooperate with Duty of Support requirements may not enroll in the~~

~~PCN program. [An individual who would be eligible for Medicaid, but fails to cooperate with Duty of Support requirements required by the Medicaid program, cannot enroll in PCN.~~

~~(4) An individual who must pay a spenddown or premium to receive Medicaid can enroll in PCN if:~~

~~(a) the individual meets PCN program eligibility criteria in any month that the individual does not receive Medicaid; and~~

~~(b) the Department does not stop enrollment under the provisions of Subsection R414-310-16(2). If the Department stops enrollment, the individual must wait for an open enrollment period to enroll in the PCN program.]~~

R414-310-5. Verification and Information Exchange.

(1) The provisions of Section R414-308-4 regarding verification of eligibility factors apply to applicants and enrollees of PCN.

(2) The Department shall safeguard information about applicants and enrollees to comply with the provisions of Section R414-301-[4]5.

~~(3) The Department shall enter into agreements with other government agencies as outlined in section R414-301-3.~~

[R414-310-6. Residents of Institutions.

~~The provisions of Subsection R414-302-4(1) and (4) apply to applicants and enrollees of PCN.~~

[R414-310-7]6. Creditable Health Coverage.

(1) The Department adopts and incorporates by reference 42 CFR 433.138(b) and 435.610, [2010]October 1, 2013 ed., and Section 1915(b) of the Compilation of the Social Security Laws, in effect January 1, 2013[2011, which are incorporated by reference.]

(2) ~~An applicant~~[Subject to Subsection R414-310-7(10), an individual] who is covered under a group health plan or other creditable health insurance coverage[;] as defined in 29 CFR 2590.701-4, [2010]July 1, 2013 ed., [at the time of application-]is not eligible for enrollment in PCN. This includes coverage under [Medicare Part A or B,]student health insurance[;] and the Veteran's Administration Health Care System.[Nevertheless, a]

~~(a) An individual who is enrolled in the Utah Health Insurance Pool or who can receive health coverage through Indian Health Services may enroll in PCN.~~

~~(b) An individual who could enroll in Medicare is not eligible for enrollment in PCN, even if the individual must wait for a Medicare open enrollment period to apply.~~

~~(c) An individual who is eligible to enroll in the VA Health Care System, but who has not yet enrolled, may be eligible for PCN as long as the individual applies for and takes all necessary steps to enroll. Eligibility for PCN ends once the individual's coverage in the VA Health Care System begins.~~

~~(d) Individuals who are full-time students and who can enroll in student health insurance coverage are not eligible to enroll in PCN.~~

~~(3) [The eligibility agency determines PCN eligibility for an]An individual who has access to but has not yet enrolled in employer-sponsored health insurance coverage through an employer or a spouse's employer [as follows:]is not eligible for PCN if~~

~~(a) If] the individual's cost for the least expensive health insurance plan offered by the employer directly, or for the employer's default plan offered through Avenue H[UHE], does not exceed 15% of~~

the household's countable [gross]MAGI-based income[as defined in this rule, the individual is not eligible for PCN].

~~(a) The cost of coverage includes a deductible if the employer-sponsored plan has a deductible.~~

~~(b) The eligibility agency will include in the cost of coverage for the spouse, the cost to enroll the employee, if the employee must be enrolled to enroll the spouse.~~

~~(b) If the individual's cost for the least expensive health insurance plan offered by the employer directly, or for the employer's default plan offered through UHE, is 5% or more of the household's countable gross income, the individual may enroll in the employer-sponsored health insurance plan and the UPP program during an UPP open enrollment period. The employer-sponsored health plan must meet the requirements of Subsection R414-320-2(18):~~

~~(c) If the individual's cost for the least expensive health insurance plan offered by the employer, or for the employer's default plan offered through UHE, exceeds 15% of the household's countable gross income, the individual may choose to enroll in either PCN or the UPP program. The following conditions apply:~~

~~(i) to enroll in UPP, the employer-sponsored health insurance plan the individual enrolls in, or the plan the employee selects through UHE, must meet the requirements of Subsection R414-320-2(18); and~~

~~(ii) enrollment for the program that the individual chooses to enroll in has not been stopped under the provisions of Subsections R414-310-16(2) or R414-320-16(2):~~

~~(d) If none of the plans offered by the employer, either directly or through UHE, meet the requirements of Subsection R414-320-2(18), and the individual's cost to enroll exceeds 15% of the household's countable gross income, the individual may only enroll in the PCN program during a PCN open enrollment period.~~

~~(4)c] The eligibility agency considers the individual to have access to coverage [even when the employer only offers coverage during an open enrollment period,]if the individual has had at least one opportunity to enroll[, or if the first opportunity to enroll occurs within 30 days of either the date of application or the first day of the recertification month].~~

~~(5) The cost of coverage includes a deductible if the employer-sponsored plan has a deductible that must be met before it will pay any claims. If the employee must be enrolled to enroll the spouse, the cost of coverage for the spouse includes the cost to enroll the employee and the spouse.~~

~~(6) An individual who is covered under Medicare Part A or Part B, or who could enroll in Medicare Part B coverage, is not eligible for enrollment in PCN, even when the individual must wait for a Medicare open enrollment period to apply for Medicare benefits.~~

~~(7) An individual who is enrolled in the Veteran's Administration (VA) Health Care System is not eligible for enrollment in PCN. An individual who is eligible to enroll in the VA Health Care System, but who has not yet enrolled, may be eligible for PCN while waiting for enrollment in the VA Health Care System to become effective. To be eligible during this waiting period, the individual must initiate the process to enroll in the VA Health Care System. Eligibility for PCN ends once the individual's coverage in the VA Health Care System begins.~~

~~(8) Individuals who are full-time students and who can enroll in student health insurance coverage are not eligible to enroll in PCN.~~

~~]~~ ~~([9]4)~~ An individual who voluntarily terminates health insurance coverage is ineligible to enroll in PCN for six months ~~from the date the coverage ended.~~~~[after the date that the earlier health insurance ends.]~~ The eligibility agency shall not apply a six-month ineligibility period in the following situations:

~~(a) Voluntary termination of COBRA.~~

~~(b) Voluntary termination of Utah Comprehensive Health Insurance Pool coverage.~~

~~(5)~~ To be eligible to enroll in PCN, the six-month ineligibility period must end by the earlier of the following dates ~~or the eligibility agency shall deny the application:~~

~~(i)a~~ the last day of the open enrollment period during which the individual applies for PCN; or

~~(i)b~~ the last day of the month that follows the month in which the individual applies for PCN, if the open enrollment period does not expire before that following month ends.

~~(b)~~ If the six-month ineligibility period does not end by the earlier of the dates mentioned in Subsection R414-310-7(9)(a)(i) or (ii), the eligibility agency shall deny the application.

~~(c)~~ Enrollment in PCN may not begin before~~[The effective date of enrollment in PCN must be after]~~ the six-month ineligibility period ends.

~~(10)~~ An applicant or applicant's spouse who voluntarily discontinues health insurance coverage under a Consolidated Omnibus Budget Reconciliation Act (COBRA) plan or under the State Health Insurance Pool, or who is involuntarily terminated from an employer-sponsored health plan may be eligible for PCN without a six-month ineligibility period.

~~(a)~~ An individual is eligible to enroll in PCN if the individual's health insurance coverage expires before the end of the calendar month that follows the month in which he applies for PCN.

~~(b)~~ The PCN enrollment date must be after health insurance coverage ends.

~~(11)~~ Notwithstanding the limitations in Section R414-310-7, an individual with creditable health coverage operated or financed by Indian Health Services may enroll in PCN.

~~(12)~~ An individual must report at application and recertification whether each individual for whom enrollment is being requested has access to or is covered by a group health plan or other creditable health insurance coverage. This includes coverage that may be available through an employer or a spouse's employer, a student health insurance plan, Medicare Part A or B, or the VA Health Care System.

~~(13)~~ The eligibility agency shall deny an application or recertification if the applicant or enrollee fails to respond to questions about health insurance coverage for any individual that the household seeks to enroll or recertify in the program.

R414-310-8. Household Composition and Income Provisions.

~~(1)~~ The eligibility agency determines household composition and countable household income according to the provisions in R414-304-5.~~[The following individuals are included in the household when determining household size for the purpose of computing financial eligibility for PCN:~~

~~(a) the individual;~~

~~(b) the individual's spouse living with the individual;~~

~~(c) any children of the individual or the individual's spouse who are under the age of 19 and living with the individual; and~~

~~(d) an unborn child if the individual is pregnant, or if the applicant's legal spouse who lives in the home is pregnant.]~~

~~(2)~~ For an individual to be eligible to enroll in PCN, countable MAGI-based income for the individual must be equal to or less than 100% of the federal poverty guideline for the applicable household size.~~[A household member who is temporarily absent for schooling, training, employment, medical treatment or military service, or who will return home to live within 30 days from the date of application is considered part of the household.]~~

~~(3)~~ Any household member defined in Subsection R414-310-8(1) who is not a U.S. citizen or national, or who is not a qualified resident alien is included in the household size. The eligibility agency counts that individual's income the same way that it counts the income of a U.S. citizen, national, or qualified resident alien.

[R414-310-9. Age Requirement.

~~(1)~~ An individual must be at least 19 and not yet 65 years of age to enroll in PCN.

~~(2)~~ The month in which an individual turns 19 years of age is the first month that the person may enroll in PCN. The effective date of enrollment for an applicant who meets the eligibility criteria for PCN and who turns 19 or 65 years of age is defined in Section R414-310-15.

R414-310-10. Income Provisions.

~~(1)~~ To be eligible to enroll in PCN, a household's countable gross income must be equal to or less than 150% of the federal, non-farm, poverty guideline for a household of the same size. An individual with income above 150% of the federal poverty guideline is not allowed to spend down income to be eligible under PCN. All gross income, earned and unearned, received by the individual and the individual's spouse is counted toward household income, unless this section specifically describes a different treatment of the income. The eligibility agency may not count any income that is excluded under this section.

~~(2)~~ The eligibility agency shall treat any income in a trust that is available to, or is received by a household member as income of the person for whom it is received. It is countable income if the eligibility agency counts that person's income to determine eligibility.

~~(3)~~ The eligibility agency shall count as income payments that a household member receives from the Family Employment Program, Working Toward Employment program, refugee cash assistance or adoption support services as authorized under Title 35A, Chapter 3, Employment Support Act.

~~(4)~~ The eligibility agency shall count rental income. The eligibility agency may deduct the following expenses:

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

~~(b) upkeep and repair costs necessary to maintain the current value of the property;~~

~~(c) utility costs only if they are paid by the owner; and~~

~~(d) interest only on a loan or mortgage secured by the rental property.~~

~~(5)~~ The eligibility agency shall count as income cash contributions made by non-household members unless the parties have a signed written agreement for repayment of the funds.

~~(6)~~ The eligibility agency shall count as income the interest earned from payments made under a sales contract or a loan agreement

to the extent that the household member continues to receive these payments during the certification period.

~~(7) The eligibility agency shall count as income needs-based Veteran's pensions. Nevertheless, the agency counts only the portion of a Veteran's Administration check to which the individual is legally entitled. Any portion of the payment that is for other family members counts as that family member's income.~~

~~(8) The eligibility agency shall count solely as the child's income child support payments that a parent receives for a dependent child when that child lives in that parent's home.~~

~~(9) The eligibility agency may only count in-kind income when a non-household member provides goods or services to the individual in exchange for services the individual performs.~~

~~(10) The eligibility agency shall count as income Supplemental Security Income and State Supplemental payments.~~

~~(11) The eligibility agency shall count as income, unearned and earned income that is deemed from an alien's sponsor, and the sponsor's spouse, if any, when the sponsor has signed an Affidavit of Support pursuant to Section 213A of the Immigration and Nationality Act after December 18, 1997. Sponsor deeming will end when the alien becomes a naturalized U.S. citizen, or has worked 40 qualifying quarters as defined under Title II of the Social Security Act or can be credited with 40 qualifying work quarters. After December 31, 1996, a creditable qualifying work quarter is one during which the alien did not receive any federal means-tested public assistance.~~

~~(12) The eligibility agency may not count as income payments that are excluded under 20 CFR 416 Subpart K, Appendix, 2010 edition, which is incorporated by reference.~~

~~(13) The eligibility agency may not count as income payments that are prohibited under other federal laws from being counted as income to determine eligibility for federally-funded medical assistance programs.~~

~~(14) The eligibility agency may not count as income death benefits to the extent that the funds are spent on the deceased person's burial or last illness.~~

~~(15) The eligibility agency may not count as income a bona fide loan that an individual must repay and that the individual has contracted in good faith without fraud or deceit, and genuinely endorsed in writing for repayment.~~

~~(16) The eligibility agency may not count as income Child Care Assistance under Title XX.~~

~~(17) The eligibility agency may not count as income reimbursements of Medicare premiums that an individual receives from the Social Security Administration.~~

~~(18) The eligibility agency may only count earned and unearned income of an individual's spouse who is under 19 years of age when that spouse is the head of the household.~~

~~(19) The eligibility agency may not count as income educational income, such as educational loans, grants, scholarships, and work-study programs. The individual must verify enrollment in an educational program.~~

~~(20) The eligibility agency may not count as income reimbursements for employee work expenses incurred by an individual.~~

~~(21) The eligibility agency may not count as income the value of food stamp assistance.~~

~~(22) The eligibility agency may not count income paid by the U.S. Census Bureau to a temporary census taker to prepare for and conduct the census.~~

]R414-310-9[H]. Budgeting.

~~(1) The Department shall apply the MAGI-based budgeting methodology defined at 42 CFR 435.603(c), (d), (e), (g) and (h), October 1, 2013 ed., which it adopts and incorporates by reference. [Subject to the limitation in Subsection R414-310-10(18), the eligibility agency counts the gross income of all household members to determine the eligibility of the applicant or enrollee, unless the income is excluded under this rule. The agency only deducts required expenses from the gross income to make an income available to the individual. No other deductions are allowed.]~~

~~(2) [The eligibility agency determines monthly income by taking into account the months of pay where an individual receives a fifth paycheck when paid weekly, or a third paycheck when paid every other week. The eligibility agency multiplies the weekly amount by 4.3 to obtain a monthly amount and multiplies income paid biweekly by 2.15 to obtain a monthly amount.~~

~~(3)]The eligibility agency determines an individual's eligibility prospectively for the upcoming certification period at the time of application and at each [recertification]review for continuing eligibility.~~

~~(a) The eligibility agency determines prospective eligibility by using the best estimate of the household's average monthly income that the agency expects the household to receive or to become available to the household during the upcoming certification period.~~

~~(b) The eligibility agency shall include in the best estimate, reasonably predictable income changes, such as seasonal income or contract income, to determine the average monthly income expected to be received during the certification period.~~

~~(c) The eligibility agency prorates income that is received less often than monthly over the certification period to determine an average monthly income. [The eligibility agency may request earlier years' tax returns as well as current income information to determine a household's income.]~~

~~([4]3) Methods of determining the best estimate are income averaging, income anticipating, and income annualizing. The eligibility agency may use a combination of methods to obtain the best estimate. The best estimate may be a monthly amount that the agency expects the household to receive each month of the certification period, or an annual amount that is prorated over the certification period. The eligibility agency may use different methods for different types of income that the same household receives.~~

~~(5) The eligibility agency determines farm and self-employment income by using the individual's most recent tax return forms or other verification the individual can provide. If tax returns are not available, or are not reflective of the individual's current farm or self-employment income, the eligibility agency may request income information from the most recent time period during which the individual had farm or self-employment income. [The eligibility agency deducts 40% of the gross income as a deduction for business expenses to determine the countable income of the individual. For individuals who have business expenses greater than 40%, the eligibility agency may exclude more than 40% if the individual can demonstrate that the actual expenses were greater than 40%.] The eligibility agency shall deduct[s] the same expenses from gross income that the Internal Revenue Service allows as self-employment expenses to determine net self-employment income.~~

~~(6) The eligibility agency may annualize income for any household and specifically for households that have self-employment income, receive income sporadically under contract or commission~~

agreements, or receive income at irregular intervals throughout the year.

~~(7) The eligibility agency may request additional information and verification about how a household is meeting expenses if the average household income appears to be insufficient to meet the household's living expenses.~~

R414-310-10[2]. Assets.

~~[There is no]An asset test is not required for PCN eligibility in PCN.~~

R414-310-11[3]. Application and Signature[Procedure].

~~(1) [The Department adopts 42 CFR 435.907 and 435.908, 2010 ed., which are incorporated by reference.~~

~~(2) To enroll in PCN, the applicant must complete and sign a written application or complete an online application during an open enrollment period.]The provisions of Section R414-308-3 apply to PCN applicants, except for paragraph (9), (10) and the three months of retroactive coverage.~~

~~[(a) The eligibility agency shall review an application to determine eligibility for the PCN program if the application is pending approval when the open enrollment period begins.~~

~~(b) An applicant must follow the provisions of Section R414-310-14 to reapply for each recertification.~~

~~(2) A Medicaid or CHIP recipient may make a request during the open enrollment period for the agency to determine the individual's eligibility for PCN without completing a new application.~~

~~(3) The eligibility agency shall reinstate a medical case without requiring a new application if the agency closes the case in error.~~

~~(4) An applicant may withdraw an application for PCN any time before the eligibility agency completes an eligibility decision on the application.~~

~~[(5) An applicant or enrollee must pay an annual enrollment fee for each 12-month recertification period to enroll in PCN. Upon the eligibility agency determining that the individual meets the eligibility criteria for enrollment, the individual must pay the enrollment fee when he applies and recertifies for PCN.~~

~~(a) An applicant must pay the enrollment fee within 30 days of the date on the notice that approves enrollment.~~

~~(b) To reenroll after the individual recertifies, the individual must pay the enrollment fee within 30 days of the date on the notice that approves enrollment, or by the end of the month that follows the review month, whichever is longer.~~

~~(c) The eligibility agency does not require an American Indian or Alaska Native to pay an enrollment fee. This enrollment fee waiver applies to both the individual and the spouse if both are enrolled and at least one of them is an American Indian or Alaska Native. If only one spouse is enrolled in PCN and is not an American Indian or Alaska Native, that spouse must pay the enrollment fee to enroll in PCN.~~

~~(d) Coverage may only become effective when the eligibility agency receives the enrollment fee. The provisions of Section R414-310-15 determine the effective date of enrollment. The eligibility agency shall deny enrollment if the individual does not pay the enrollment fee timely.~~

~~(e) The enrollment fee covers both the individual and the individual's spouse if the spouse is also eligible for enrollment in PCN.~~

~~(f) The applicant or enrollee must pay the enrollment fee to DWS in cash, by debit or credit card, or by check or money order made out to DWS.~~

~~(g) The enrollment fee for an individual or married couple receiving General Assistance from DWS is \$15. The enrollment fee for an individual or couple who does not receive General Assistance but whose countable income is less than 50% of the federal poverty guideline applicable to their household size is \$25. The enrollment fee for any other individual or married couple is \$50.~~

~~(h) DWS may refund the enrollment fee if it decides that the person is ineligible for the program; however, DWS may retain the enrollment fee to the extent that the individual owes any overpayment of benefits that DWS pays in error on behalf of the individual.~~

~~(6) If an eligible household requests enrollment for a spouse, the application date for the spouse is the date of the request. The eligibility agency may not require a new application form; however, the household must provide requested information to determine eligibility for the spouse. The household must provide information about access to creditable health insurance that includes Medicare Part A or B, student health insurance, and the VA Health Care System.~~

~~(a) The effective date of enrollment to add a spouse to an open PCN case is defined in Section R414-310-15. Coverage continues through the end of the certification period.~~

~~(b) The eligibility agency may not require a new enrollment fee to add a spouse during the certification period.~~

~~(c) The eligibility agency may not require a new income test to add a spouse for the months remaining in the certification period.~~

~~(d) An eligible household may only add a spouse if DWS does not stop enrollment under Subsection R414-310-16(2).~~

~~(e) The eligibility agency shall count income of the spouse and require payment of the enrollment fee at the next scheduled recertification.~~

R414-310-12[4]. Eligibility Decisions and [Recertification]Reviews.

~~(1) The Department adopts and incorporates by reference 42 CFR 435.911 and 435.912, October 1, 2013[2010] ed., regarding eligibility determinations[which are incorporated by reference].~~

~~(2) [When an individual applies for PCN,]At application and review, the eligibility agency shall determine whether the individual is eligible for Medicaid or CHIP.~~

~~(a) An individual who qualifies for Medicaid without paying a spenddown[- a poverty level pregnant woman asset copayment] or an MWI premium cannot enroll in PCN.[An applicant who turns 19 years of age during the application month and qualifies for Medicaid or CHIP during that month may enroll in PCN the following month in accordance with Section R414-310-15.]~~

~~(b) An applicant who is eligible for Medicaid or CHIP during the application month, or a Medicaid or CHIP recipient who requests PCN enrollment during an open enrollment period, may enroll in PCN in accordance with Subsection R414-310-13(1).~~

~~[(b) If the individual appears to qualify for Medicaid, or CHIP, but additional information is required to make that determination, the applicant must provide additional information requested by the eligibility worker. The eligibility agency shall deny the application if the individual fails to provide the requested information.~~

~~(3) If the individual qualifies for Medicaid and PCN, but must pay a spenddown, poverty-level, pregnant woman asset copayment or MWI premium to qualify for Medicaid, the individual may choose to enroll in the PCN program. If the PCN program is not in an enrollment period, the applicant may choose to enroll in Medicaid and wait for an open enrollment period to reapply for PCN.~~

~~(a) PCN does not cover prenatal or delivery services for a pregnant woman.~~

~~(b) PCN does not provide long-term care services in a medical institution or under a home and community-based waiver.~~

~~(4) To enroll, the individual must meet the eligibility criteria for enrollment in PCN, pay the enrollment fee, and enroll during an open enrollment period under Section R414-310-16.~~

~~(5) The eligibility agency shall complete a determination of eligibility [or ineligibility] for each application unless:~~

~~(a) the applicant voluntarily withdraws the application and the eligibility agency sends a notice to the applicant to confirm the withdrawal;~~

~~(b) the applicant dies;~~

~~(c) the applicant cannot be located; or~~

~~(d) the applicant does not respond to requests for information within the 30-day application period or by the verification due date, if the verification date is later.~~

~~(6) The eligibility agency shall complete a periodic review of an enrollee's eligibility for medical assistance in accordance with the requirements of 42 CFR 435.916.~~

~~(a) The agency may request a recipient to contact the agency to complete the eligibility review.~~

~~(b) The agency shall provide the recipient a written request for verification needed to complete the review.~~

~~(c) The agency shall provide proper notice of an adverse decision.~~

~~(d) If the agency cannot provide proper notice of an adverse decision, the agency extends eligibility to the following month to allow for proper notice.~~

~~(e) If the enrollee is determined eligible during the due process month, the eligibility agency shall waive the open enrollment requirement.~~

~~(5) If a recipient fails to respond to a request to complete the review or fails to provide all requested verification to complete the review, the eligibility agency shall end eligibility effective the end of the month for which the agency sends proper notice to the recipient.~~

~~(a) If the recipient contacts the agency to complete the review or returns all requested verification within three calendar months of the closure date, the eligibility agency shall treat such contact or receipt of verification as a new application. The agency may not require a new application form.~~

~~(b) The application processing period applies to this request to reapply.~~

~~(c) Eligibility can begin in the month the client contacts the agency to complete the review if all verification is received within the application processing period.~~

~~(d) If the recipient fails to return the verification timely, but before the end of the three calendar months, eligibility becomes effective the first day of the month in which all verification is provided and the individual is found eligible.~~

~~(e) The eligibility agency may not continue eligibility while it makes a new eligibility determination.~~

~~(f) The eligibility agency shall waive the open enrollment requirement during these three calendar months.~~

~~(g) If the enrollee does not respond to the request to complete the review for PCN during the three calendar months immediately following the review closure date, the enrollee must reapply for PCN and meet all eligibility criteria.~~

~~(6) If the individual files a new application or makes a request to reenroll within the calendar month that follows the effective closure date, when the closure is for a reason other than incomplete review, the eligibility agency shall waive the open enrollment period and process the request as a new application.~~

~~(7) The enrollee must reapply if the case closes for one or more calendar months for any reason other than an incomplete review.~~

~~(8) The eligibility agency shall comply with the requirements of 42 CFR 457.350(i), regarding transfer of the electronic file for the purpose of determining eligibility for other insurance affordability programs. [Upon determining that the applicant is eligible for PCN and upon receiving payment of the enrollment fee, the eligibility agency shall enroll the individual in PCN for a 12-month certification period. The eligibility agency shall end enrollment after the 12-month certification period.]~~

~~(7) The eligibility agency shall provide an enrollee the opportunity to reenroll for a new 12-month certification period when the certification period is near completion.~~

~~(a) The recertification is a reapplication to determine whether the enrollee is eligible to enroll in a new 12-month certification period.~~

~~(b) The eligibility agency shall notify the enrollee that PCN benefits end after the 12-month certification period.~~

~~(c) The eligibility agency shall inform the enrollee of the necessary steps to complete the recertification.~~

~~(8) At each recertification, the eligibility agency shall determine whether the enrollee is eligible for Medicaid. The individual may not reenroll in PCN if the individual qualifies for Medicaid without a cost. If the individual appears to qualify for Medicaid, the individual must provide additional information requested by the agency. The eligibility agency shall deny recertification if the individual fails to provide the requested information.~~

~~(9) The eligibility agency may request verification from the enrollee if the enrollee responds to the recertification request during the recertification month.~~

~~(a) The eligibility agency shall send a written request for the necessary verification.~~

~~(b) The application processing period is based on the date that the enrollee contacts the eligibility agency to complete the recertification.~~

~~(c) The eligibility agency shall determine eligibility if the enrollee provides all verification by the verification due date or by the end of the application processing period. The agency shall either approve a new 12-month certification period pending payment of the enrollment fee or deny eligibility for a new certification period. The eligibility agency shall notify the enrollee of its decision.~~

~~(10) If the enrollee fails to respond to the request for recertification during the recertification month or does not provide all verification within the application processing period after responding timely to the recertification request, the enrollee may reapply in the calendar month that follows the effective closure date, without waiting for an open enrollment period.~~

~~_____ (a) The enrollee must reapply by responding to the recertification request and providing all requested verification; or by filing a new application before the end of the month that follows the recertification month.~~

~~_____ (b) The application processing period is based on the date that the enrollee contacts the eligibility agency to complete the recertification, provides all requested verification, or reappplies during such month.~~

~~_____ (c) The benefits become effective upon the enrollee paying the required enrollment fee if the eligibility agency approves an enrollee for a new 12-month certification period.~~

~~_____ (d) The eligibility agency shall notify the enrollee if the agency does not approve an enrollee for the new certification period.~~

~~_____ (11) The enrollee must wait for the next open enrollment period to reapply for PCN if the enrollee fails to complete the recertification process as defined in Subsection R414-310-14(9) or (10).]~~

R414-310-13[5]. Effective Date of Enrollment[~~], Change Reporting] and Enrollment Period.~~

~~(1) Subject to the limitations in Section[s R414-306-6 and] R414-310-[7]6, the effective date of PCN enrollment is the first day of the application month[~~in which the eligibility agency receives an application] with the following exceptions:~~~~

~~_____ (a) Enrollment in PCN may not begin before an individual turns 19 years of age.~~

~~_____ (b) Enrollment in PCN begins the first day of the month after Medicaid eligibility ends when an applicant qualifies for Medicaid in the application month or the month immediately following the application month. To enroll in PCN, Medicaid eligibility must end by the end of the month following the application month.~~

~~_____ (c) If an applicant turning 19 years of age during the open enrollment month is eligible for Medicaid without cost or is eligible for CHIP, enrollment in PCN begins the first day of the month after Medicaid or CHIP eligibility ends.~~

~~[_____ (a) An applicant who turns 19 years of age during the application month and before the end of the open enrollment period in the application month is enrolled in PCN as follows:~~

~~_____ (i) The eligibility agency shall enroll the applicant in Medicaid if the applicant qualifies for Medicaid during the application month without cost. In this instance, enrollment in PCN becomes effective for the month that follows the application month if the applicant neither qualifies for Medicaid nor qualifies without cost and chooses not to pay for Medicaid during that following month;~~

~~_____ (ii) The eligibility agency shall enroll the applicant in CHIP if the applicant qualifies for enrollment in CHIP during the application month. Enrollment in PCN then becomes effective for the following month;~~

~~_____ (iii) If the applicant is not eligible for Medicaid without cost and is not eligible for CHIP in the application month, enrollment in PCN becomes effective in the application month, but no earlier than when the applicant turns 19 years of age;~~

~~_____ (iv) The applicant is not eligible for PCN if the applicant turns 19 years of age after the open enrollment period.~~

~~_____ (b) An otherwise eligible applicant who turns 65 years of age during the application month and applies before age 65 may enroll in PCN, which coverage becomes effective as defined in Subsection R414-310-15(1). The applicant is not eligible for PCN if the applicant~~

~~is eligible for Medicaid without cost in the application month. The eligibility agency shall end enrollment effective the end of the month in which the applicant turns 65 years of age.~~

~~_____ (c) The eligibility agency shall deny enrollment to an individual if the individual applies for PCN on or after the date the individual turns 65 years of age.~~

~~] _____ ([d]2) Subject to the limitations in Section R414-310-13[5] and the open enrollment requirement, the effective date of enrollment for the spouse of an enrollee is the first day of the month in which the enrollee requests to add the spouse.~~

~~[_____ (2) The eligibility agency shall enroll an applicant who meets all eligibility criteria and pays the enrollment fee for a 12-month certification period that begins with the first month of enrollment. The applicant must pay the enrollment fee before any benefits for a 12-month certification period become effective. The Department may not provide any benefits or pay for any services that an applicant receives before the effective date of enrollment.~~

~~] _____ (3) The effective date of reenrollment for PCN [recertification]after the eligibility agency completes the periodic review is the first day after the review month or the due process month. R414-310-12(5) defines the effective date of reenrollment when the enrollee completes the review process in the three calendar months after the case is closed for incomplete review. [; if the recertification is completed as described in either Subsection R414-310-14(9) or (10). The enrollee must continue to meet all eligibility criteria and pay the enrollment fee timely before benefits become effective for the new 12-month certification period.]~~

~~(4) The eligibility agency shall end eligibility [before the end of a 12-month certification period]for any of the following reasons:~~

~~(a) the individual turns 65 years of age;~~

~~(b) the individual enrolls in a health coverage plan as defined in Subsection 414-310-6(2)[becomes a full-time student who is entitled to receive student health insurance, becomes entitled to or eligible to enroll in Medicare, or becomes covered by Veterans Administration Health Insurance];~~

~~_____ (c) the individual gains access to an employer-sponsored health plan that meets the requirements of R414-310-6(2);~~

~~_____ (d) a change in income or household composition results in the individual exceeding the income limit;~~

~~([e]e) the individual dies;~~

~~([d]f) the individual moves out of state or cannot be located;~~

~~or~~

~~([e]g) the individual enters a public institution or an Institution for Mental Disease.~~

~~[_____ (5) The eligibility agency shall end PCN enrollment when the individual enrolls in any type of group health plan or other creditable health insurance coverage including an employer-sponsored health plan. The eligibility agency shall continue PCN eligibility through the end of the certification period if the individual gains access to an employer-sponsored health plan but does not enroll in the plan.~~

~~] _____ ([6]5) An enrollee who gains access to or enrolls in an employer-sponsored health plan may [choose to enroll in the employer-sponsored health plan and]switch to the UPP program.~~

~~_____ (6) An individual enrolled in UPP may switch to the PCN program if the employer-sponsored health plan ends involuntarily, or if COBRA coverage ends and there is no break in coverage between UPP and PCN.~~

~~_____ (a) The enrollee must notify the eligibility agency within ten calendar days after the enrollee's insurance coverage ends to be eligible to switch to PCN outside an open enrollment period.~~

~~_____ (b) Enrollment in PCN is effective the day after the other health insurance ends.~~

~~[_____ (a) The individual must notify the eligibility agency within ten calendar days of enrolling in the plan or within ten days after coverage begins, whichever is longer, to switch to UPP.~~

~~_____ (b) The requirements defined in Subsection R414-310-7(3) (b) or (c) must be met except that the individual does not have to enroll in UPP during an open enrollment period.~~

~~_____ (c) The eligibility agency continues the current certification period without doing a new income determination when a PCN enrollee switches to UPP.~~

~~_____ (7) The eligibility agency shall determine if an enrollee who gains access to an employer-sponsored health plan during the certification period but does not enroll in such plan may reenroll in PCN at the next recertification as follows:~~

~~_____ (a) The individual is not eligible to reenroll in PCN for a new 12-month certification period if the enrollee has access to an employer-sponsored health plan that costs less than 15% of the enrollee's countable gross income at the next recertification;~~

~~_____ (b) The enrollee may choose to switch to UPP if the enrollee can enroll in the employer-sponsored health plan upon recertifying, and the plan meets the requirements of Subsection R414-310-7(3)(b) or (c) and costs 5% or more of the enrollee's countable gross income. The enrollee does not have to wait for an UPP open enrollment period and must enroll in the employer-sponsored health plan to switch to UPP.~~

~~_____ (c) The enrollee may reenroll in PCN if the cost exceeds 15% of the enrollee's countable gross income.~~

~~_____ (8) An individual who enrolls in the Utah Health Insurance Pool does not lose PCN eligibility.~~

~~_____ (9) An enrollee who fails to report changes or return verifications timely must repay any overpayment of benefits for which the individual is not eligible to receive.~~

~~_____ (10) The individual may file a new application or make a request to the eligibility agency to reenroll if a PCN case closes for any reason:~~

~~_____ (a) The individual must file a new application or make a request to reenroll within the calendar month that follows the effective closure date;~~

~~_____ (b) The eligibility agency shall process the request as a new application. The agency shall waive the open enrollment period and determine whether the individual is still eligible for PCN;~~

~~_____ (c) The eligibility agency shall continue eligibility through the end of the current certification period if the agency determines that the individual is eligible for PCN;~~

~~_____ (d) The eligibility agency shall approve the individual for a new certification period if the certification period has ended when the agency determines that the individual continues to be eligible. The individual must pay the enrollment fee timely for the new 12-month certification period;~~

~~_____ (e) The eligibility agency shall deny the request to reenroll and send a notice to the individual if the agency determines that the individual is not eligible for PCN.~~

~~_____ (11) The eligibility agency shall determine eligibility for PCN if a Medicaid-eligible recipient reports a change during a PCN enrollment month that makes the recipient ineligible for Medicaid or~~

~~causes a spenddown. The effective date of enrollment for PCN is the day after the Medicaid case closes if the agency determines that the recipient is eligible for PCN and the recipient pays the enrollment fee timely.~~

~~_____ (12) If a PCN case closes for any reason, other than to become covered by another Medicaid or UPP program, and remains closed for one or more calendar months, the individual must submit a new application to the eligibility agency during an enrollment period to reapply. The individual must meet all the requirements of a new applicant including paying a new enrollment fee.~~

~~_____ (13) If a PCN case closes because the enrollee is eligible for another Medicaid program or UPP, the individual may request to reenroll in PCN if there is no break in coverage between the programs, even if the eligibility agency ends open enrollment under Subsection R414-310-16(2).~~

~~_____ (a) If the individual's 12-month PCN certification period, or 12-month UPP certification period, has not ended, the individual may reenroll for the rest of that certification period. The individual is not required to complete a new application or have a new income eligibility determination. The individual must continue to meet the criteria defined in Section R414-310-7. The individual is not required to pay a new enrollment fee for the months remaining in the certification period.~~

~~_____ (b) If the 12-month certification period from the earlier enrollment has ended and the individual is moving from Medicaid to PCN, the individual may still reenroll in PCN. The individual must meet eligibility and income guidelines, and pay a new enrollment fee for the new 12-month certification period.~~

~~_____ (14) If the eligibility agency requests verification of a reported change and the enrollee fails to return the verification, the eligibility agency shall end eligibility effective the end of the month in which the agency sends proper notice. The eligibility agency shall treat the receipt of verification as a new application if the enrollee returns the verification within one calendar month after the effective closure date.~~

~~_____ (a) The eligibility agency shall waive the open enrollment period and continue eligibility for the rest of the certification period if the agency determines that the enrollee is eligible for PCN.~~

~~_____ (b) The eligibility agency shall send a denial notice to the enrollee if the agency determines that the enrollee is not eligible for PCN.~~

~~_____ (15) A change in income during the certification period does not make the enrollee ineligible for PCN for the months remaining in the current certification period; however, the individual may request the eligibility agency make a Medicaid determination of eligibility.~~

~~_____ (a) The eligibility agency shall change coverage to Medicaid and end PCN enrollment if the enrollee requests a Medicaid determination of eligibility and the reported change makes the enrollee eligible for Medicaid without cost.~~

~~_____ (b) The enrollee may choose to remain on PCN through the end of the certification period if the enrollee requests a Medicaid determination of eligibility and the reported change makes the enrollee eligible for Medicaid with a spenddown or MWI premium.]~~

R414-310-14[6]. Change Reporting and Benefit Changes. [Enrollment Limitation.]

~~_____ (1) Enrollees are required to report changes defined in Subsection 414-310-3(2) to the eligibility agency.~~

~~(a) The eligibility agency shall determine the effect of the change and make the appropriate change in the enrollee's eligibility.~~

~~(b) The eligibility agency shall send proper notice of changes in eligibility.~~

~~(2) An enrollee who fails to report changes or return verification timely must repay any overpayment of benefits for which the enrollee is not eligible to receive.~~

~~(3) If a PCN case closes because the enrollee is eligible for Medicaid or UPP, the individual may request to reenroll in PCN if there is no break in coverage between the programs.~~

~~(a) The eligibility agency may not require a new application form.~~

~~(b) The eligibility agency shall waive the open enrollment requirement.~~

~~(c) The individual must meet all eligibility criteria.~~

~~(4) If an enrollee requests enrollment for a spouse, the application date for the spouse is the date of the request. The eligibility agency may not require a new application form.~~

~~(a) The household must provide requested information to determine eligibility for the spouse, including information about access to creditable health insurance.~~

~~(b) The spouse can only be added during an open enrollment period unless the spouse was previously included in PCN and is moving directly from Medicaid or UPP. The effective date of enrollment is defined in Section R414-310-15.~~

~~(5) If the eligibility agency requests verification of a reported change and the enrollee fails to return the verification by the due date, the eligibility agency shall end eligibility effective the end of the month in which the agency sends proper notice.~~

~~(1) The eligibility agency shall limit enrollment in PCN.~~

~~(2) The eligibility agency may stop enrollment of new individuals at any time based on availability of funds.~~

~~(3) The eligibility agency may not accept applications or maintain waiting lists during a period that enrollment of new individuals is stopped.~~

~~(4) If enrollment is not stopped, an individual may apply for PCN.~~

~~(5) An individual who becomes ineligible for Medicaid or CHIP, or who must pay a spenddown, poverty level, pregnant woman asset copayment or MWI premium for Medicaid, but who was not previously enrolled in PCN, may apply to enroll in PCN if the eligibility agency does not stop enrollment under Subsection R414-310-16(2). If the agency stops enrollment, the individual must wait for an open enrollment period to apply.~~

]

R414-310-15[7]. Notice and Termination.

(1) The Department adopts and incorporates by reference 42 CFR 431.206, 431.210, 431.211, 431.213, 431.214, and 435.919, ~~October 1, 2013[0] ed. [which are incorporated by reference.]~~

(2) The eligibility agency shall notify an applicant or enrollee in writing of the eligibility decision made on the application or the ~~[recertification]review.~~

(3) The eligibility agency shall end an individual's enrollment upon enrollee request or upon discovery that the individual is no longer eligible.

~~[The eligibility agency shall end enrollment after the 12-month certification period. An enrollee may reenroll for a new 12-month certification period without waiting for an open enrollment~~

~~period by completing the recertification process, or by reapplying before the last day of the month that follows the effective closure date.~~

R414-310-16[8]. Improper Medical Coverage.

(1) Improper medical coverage occurs when:

(a) an individual receives medical assistance for which the individual is not eligible, including benefits that the individual receives pending a fair hearing or during an undue hardship waiver if the enrollee fails to act as required by the eligibility agency;

(b) an individual receives a benefit or service that is not part of the benefit package for which the individual is eligible;

(c) an individual pays too much or too little for medical assistance benefits; or

(d) the Department pays too much or too little for medical assistance benefits on behalf of an eligible individual.

(2) An individual who receives benefits under PCN for which the individual is not eligible must repay the Department for the cost of the benefits that the individual receives.

(3) An alien and the alien's sponsor are jointly liable for benefits that an individual receives for which the individual is not eligible.

(4) An overpayment of benefits includes all amounts paid by the Department for medical services or other benefits on behalf of an enrollee, or for the benefit of the enrollee during a period in which the enrollee is not eligible to receive the benefits.

KEY: Medicaid, primary care, ~~covered-at-work,~~ demonstration Date of Enactment or Last Substantive Amendment: January 1, 2014

Notice of Continuation: June 4, 2012

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

**Health, Health Care Financing,
Coverage and Reimbursement Policy
R414-320
Medicaid Health Insurance Flexibility
and Accountability Demonstration
Waiver**

NOTICE OF 120-DAY (EMERGENCY) RULE

DAR FILE NO.: 38211

FILED: 12/31/2013

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE: The purpose of this change is to renew Utah's Premium Partnership for Health Insurance (UPP) program under the 1115 Waiver authority as recently approved by the Centers for Medicare and Medicaid Services (CMS) and to align UPP with the provisions of the Patient Protection and Affordable Care Act (ACA) in regards to determining income, budgeting of income, the filing unit and the processing of

applications, and reviews for Modified Adjusted Gross Income (MAGI)-based coverage groups.

SUMMARY OF THE RULE OR CHANGE: This rule defines the general provisions for determining the countable income, best estimates of income, and the filing unit for MAGI-based groups. The rule defines the provisions for accepting and processing applications, making eligibility determinations and processing reviews for MAGI-based groups. It also updates incorporations and makes other needed technical changes.

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

EMERGENCY RULE REASON AND JUSTIFICATION: REGULAR RULEMAKING PROCEDURES WOULD place the agency in violation of federal or state law.

JUSTIFICATION: The Department's 1115 Waiver authority for UPP was set to expire 12/31/2013. The Department has been in negotiations with CMS to extend this waiver authority and received approval in December. As part of the approval, the Department must modify the eligibility criteria to align with MAGI methodologies from ACA.

MATERIALS INCORPORATED BY REFERENCES:

- ◆ Removes 42 CFR 435.907 and 42 CFR 435.908, published by Government Printing Office, 10/01/2010
- ◆ Adds 42 CFR 435.603(c), (d), (e), (g), and (h), published by Government Printing Office, 10/01/2013
- ◆ Removes 20 CFR 416 Subpart K, Appendix, published by Government Printing Office, 10/01/2010
- ◆ Updates 42 CFR 433.138(b), published by Government Printing Office, 10/01/2013
- ◆ Updates 42 CFR 435.911 and 42 CFR 435.912, published by Government Printing Office, 10/01/2013

ANTICIPATED COST OR SAVINGS TO:

- ◆ **THE STATE BUDGET:** The state will not incur any new costs because funding was previously approved for this ongoing program.
- ◆ **LOCAL GOVERNMENTS:** This change does not create a cost for local governments because they do not determine UPP eligibility.
- ◆ **SMALL BUSINESSES:** This change will not cost small businesses anything because they do not determine eligibility for UPP, and this does not impose any changes on businesses.
- ◆ **PERSONS OTHER THAN SMALL BUSINESSES, BUSINESSES, OR LOCAL GOVERNMENTAL ENTITIES:** Individuals will not incur any new costs because this rule only continues the UPP program.

COMPLIANCE COSTS FOR AFFECTED PERSONS: An individual receiving UPP will not experience any new costs because this rule only continues the UPP program.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES: This rule will have no impact on small 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

EFFECTIVE: 01/01/2014

AUTHORIZED BY: David Patton, PhD, Executive Director

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

R414-320. Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver.

R414-320-1. Authority and Purpose.

(1) This rule is authorized by Sections 26-1-5 and 26-18-3 and allowed under Section 1115(a) of the Social Security Act.

(2) This rule establishes the eligibility requirements for enrollment and the benefits enrollees receive under the Health Insurance Flexibility and Accountability Demonstration Waiver (HIFA), which is Utah's Premium Partnership for Health Insurance (UPP).

R414-320-2. Definitions.

The definitions in Section 26-40-102 and Rules R414-1 and R414-301 apply to this rule. In addition, the following definitions apply throughout this rule:

(1) "Adult" means an individual who is 19 [~~through 64~~] years of age or older.

(2) "Avenue H" means Utah's Health Marketplace where Utah employers and their employees can find information about available employer-sponsored health insurance plans, select a plan, and enroll online.

([2]3) "Best estimate" means the eligibility agency's determination of a household's income for the upcoming certification period based on past and current circumstances and anticipated future changes.

([3]4) "Children's Health Insurance Program" or (CHIP) means the program for medical benefits under the Utah Children's Health Insurance Act, Title 26, Chapter 40.

[~~_____~~(4) "Consolidated Omnibus Budget Reconciliation Act" or (COBRA) continuation coverage is a temporary extension of employer health insurance coverage whereby a person who loses coverage under an employer's group health plan can remain covered for a certain length of time. ~~To receive reimbursement under Utah's Premium~~

~~Partnership for Health Insurance (UPP) program, the COBRA health plan must be an UPP-qualified health plan.~~

] (5) "Creditable Health Coverage" means any health insurance coverage as defined in 45 CFR 146.113.

(6) ~~["Department" means the Department of Health.~~

~~(7)] "Due process month" means the month that allows time for the enrollee to return all verification, and for the eligibility agency to determine eligibility and notify the enrollee. The due process month is not counted as part of the certification period.~~

~~(8) "Eligibility agency" means the Department of Workforce Services (DWS) that determines eligibility for the UPP program under contract with the Department.~~

] (9) "Employer-sponsored health plan" means a health insurance plan offered by an employer either directly or through the Utah Health Exchange.

(10) "Enrollee" means an individual who applies for and is found eligible for the UPP program, and is receiving UPP benefits.

(11) "Income annualizing" means a process of determining the average annual income of a household, based on the past history of income and expected changes.

(12) "Income anticipating" means a process of using current facts regarding rate of pay, number of working hours, and expected changes to anticipate future income.

(13) "Income averaging" means a process of using a history of past and current income and averaging it over a determined period of time that is representative of future income.

(14) "Open enrollment" means a period during which the eligibility agency accepts applications for the UPP program.

(15) "Primary Care Network" or (PCN) means the program for benefits under the Medicaid Primary Care Network Demonstration Waiver.

(16) "Public Institution" means an institution that is the responsibility of a governmental unit or is under the administrative control of a governmental unit.

(17) "Review month" means the last month of the certification period for an enrollee during which the eligibility agency redetermines the enrollee's eligibility for a new certification period.

(18) "UPP Qualified Health Plan" means a health plan that meets all of the following requirements:

- (a) Health plan coverage includes:
 - (i) physician visits;
 - (ii) hospital inpatient services;
 - (iii) pharmacy services;
 - (iv) well child visits; and
 - (v) children's immunizations.

~~(b) Lifetime maximum benefits must be at least \$1,000,000.~~

] (e) The deductible may not exceed \$2,500 per individual.

(d) The plan must pay at least 70% of an inpatient stay after the deductible.

(e) The employer contributes at least 50% of the cost of the employee's health insurance premium when the plan is offered directly through the employer. If the employer offers plans through the Utah Health Exchange, the employer must contribute at least 50% of the cost of the employee's health insurance premium for either the employer's default plan or the plan the employee selects. If the plan is a COBRA ~~[continuation]~~ plan, the employer does not have to contribute to the premium.

(f) The plan does not cover any abortion services; or the plan only covers abortion services in the case where the life of the

mother would be endangered if the fetus were carried to term or in the case of rape or incest.

~~(19) "Utah Health Exchange" or (UHE) means an internet portal where Utah employers and their employees can find information about available employer-sponsored health insurance plans, select a plan, and enroll online.~~

] (20) "Utah's Premium Partnership for Health Insurance" or (UPP) means a medical assistance program that provides cash reimbursement for all or part of the insurance premium paid by an employee for health insurance coverage through an employer-sponsored health insurance plan, including employer-sponsored health plans available under Avenue H[UHE], or COBRA ~~[continuation]~~ coverage that covers either the eligible employee, the eligible spouse of the employee, dependent children, or the family.

R414-320-3. Applicant and Enrollee Rights and Responsibilities.

(1) The provisions of Section R414-301-~~3~~4 apply to applicants and enrollees of the UPP program except that reportable changes for UPP applicants and enrollees are defined in Subsection R414-320-3(~~3~~2).

(2) ~~[Any person who meets the limitations set by the Department may apply during an open enrollment period. The open enrollment period may be limited to:~~

- ~~(a) adults with children living in the home;~~
- ~~(b) adults without children living in the home;~~
- ~~(c) adults enrolled in the PCN program;~~
- ~~(d) adults who were enrolled in the Medicaid program within the last thirty days before the beginning of the open enrollment period; or~~
- ~~(e) other groups designated in advance by the eligibility agency consistent with efficient administration of the program.~~

~~(3)] An applicant or enrollee must report certain changes to the eligibility agency within ten calendar days of learning of the change. The eligibility agency shall notify the applicant at the time of application of the changes that the individual must report. [Examples of r]Reportable changes include:~~

- (a) An enrollee stops paying for coverage under an employer-sponsored health plan or COBRA ~~[continuation]~~ coverage;
- (b) An enrollee changes health insurance plans;
- (c) The amount of the premium that the enrollee pays for an employer-sponsored health insurance plan or COBRA ~~[continuation]~~ coverage changes;
- (d) An enrollee begins to receive coverage under, or begins to have access to Medicare or the Veteran's Administration Health Care System;
- (e) An enrollee leaves the household or dies;
- (f) An enrollee or the household moves out of state;
- (g) Change of address of an enrollee or the household; or
- (h) An enrollee enters a public institution or an institution for mental diseases.

(4) An applicant or enrollee has a right to request an agency conference or a fair hearing as described in Sections R414-301-~~5~~6 and R414-301-~~6~~7.

(5) An enrollee must continue to pay premiums and remain enrolled in an employer-sponsored health plan or COBRA ~~[continuation]~~ coverage to be eligible for benefits.

(6) An eligible child may choose to enroll in his parent's or guardian's employer-sponsored health insurance plan or COBRA ~~[continuation]~~ coverage and receive UPP benefits, or may choose

direct coverage through CHIP. A child under the age of 19 may enroll in an employer-sponsored health insurance plan offered by the child's employer or COBRA [~~continuation~~] coverage and UPP, or may choose direct coverage through CHIP.

R414-320-4. General Eligibility Requirements.

(1) The provisions of Sections R414-302-~~[1]~~³, R414-302-~~[2]~~⁴, R414-302-~~[5]~~⁷, and R414-302-~~[6]~~⁸ concerning United States (U.S.) citizenship, alien status, state residency, use of social security numbers, and applying for other benefits, apply to adult applicants and enrollees of UPP.

(2) The provisions of Sections R382-10-6, R382-10-7, and R382-10-9 concerning U.S. citizenship, alien status, state residency and social security numbers apply to child applicants and enrollees.

(3) An individual who is not a U.S. citizen or national, or who does not meet the alien status requirements of Sections R414-302-~~[1]~~³ or R382-10-6 is not eligible for any services or benefits under the UPP program.

(4) Health plans must meet the criteria of being an UPP qualified health plan.

(5) An individual must be under age 65 to be eligible for UPP and must enroll in the UPP program before turning 65 years of age.

(6) The eligibility agency only accepts applications during open enrollment periods. The eligibility agency may limit the number of individuals it enrolls.

(a) The eligibility agency may stop enrollment of new individuals at any time.

(b) The open enrollment period may be limited to:

(i) adults with children living in the home;

(ii) adults without children living in the home, or;

(iii) other groups designated in advance by the eligibility agency consistent with efficient administration of the program.

(c) The eligibility agency may not accept applications or maintain waiting lists during a period that it stops enrollment of new individuals.

(d) If enrollment is not stopped, an individual may apply for UPP.

(e) A child is not subject to the open enrollment requirement to enroll in UPP.

(7) Residents of public institutions are not eligible for UPP.

(a) A child under the age of 18 is not a resident of an institution if the child is living temporarily in the institution while arrangements are being made for other placement.

(b) A child who resides in a temporary shelter for a limited period of time is not a resident of an institution.

([4]8) The eligibility agency may not require an applicant or enrollee for the UPP program to provide Duty of Support information. An adult whose eligibility for Medicaid has been denied or terminated for failure to cooperate with Duty of Support requirements may not enroll in the UPP program. [An adult who is eligible for Medicaid, but fails to cooperate with Duty of Support requirements required by the Medicaid program, may not enroll in the UPP program.]

[(5) An individual who must pay a spenddown, poverty-level, pregnant woman asset copayment, or MWI premium to receive Medicaid may enroll in UPP if:

(a) the individual meets UPP program eligibility criteria;

(b) the individual elects not to receive Medicaid in the month that the individual wishes to enroll in UPP; and

(c) the eligibility agency continues open enrollment under the provisions of Section R414-320-16. If the agency stops enrollment, the individual must wait for an open enrollment period to enroll in UPP.

R414-320-5. Verification and Information Exchange.

(1) An applicant and enrollee must provide verification of eligibility factors as requested by the eligibility agency and in accordance with the provisions of Section R414-308-4.

(2) The Department shall enter into agreements with other government agencies as outlined in section R414-301-3. [and the eligibility agency may release information concerning an applicant or enrollee and his household to other state and federal agencies to determine eligibility for other public assistance programs.]

(3) The eligibility agency shall safeguard information about applicants and enrollees to comply with the provisions of Section R414-301-~~[4]~~⁵.

[R414-320-6. Residents of Institutions:

(1) Residents of public institutions are not eligible for the UPP program.

(2) A child under the age of 18 is not a resident of an institution if the child is living temporarily in the institution while arrangements are being made for other placement.

(3) A child who resides in a temporary shelter for a limited period of time is not a resident of an institution.

[R414-320-~~[7]~~⁶. Creditable Health Coverage.

(1) The Department adopts and incorporates by reference 42 CFR 433.138(b), [2010]October 1, 2013 ed., which is incorporated by reference.]

(2) An applicant who is covered under a group health plan or other creditable health insurance coverage, as defined in 29 CFR 2590.701-4, [2010]July 1, 2013 ed., is not eligible for enrollment.

(3) An applicant who is covered by COBRA [~~continuation~~] coverage may be eligible for UPP enrollment.

(4) The eligibility agency determines UPP eligibility for an individual who has access to but has not yet enrolled in employer-sponsored health insurance coverage who meets the following requirements [~~of Subsection R414-320-2(14) as follows~~]:

(a) If the individual's cost for the employer-sponsored coverage offered by the employer directly, or for the employer's default plan offered through Avenue H [UHE], is less than 5% of the [household's countable gross]countable MAGI-based income for the individual's household, the individual is not eligible for the UPP program.

(b) If the individual's cost for the employer-sponsored coverage offered by the employer directly, or for the employer's default plan offered through Avenue H [UHE], equals or exceeds 5% of the [household's countable gross]countable MAGI-based income for the individual's household, the individual may enroll in UPP.

(i) An eligible child may choose enrollment in either UPP or CHIP.

(ii) If the cost of coverage exceeds 15% for an adult, the individual may enroll in either UPP or PCN. To enroll in PCN, it must be an open enrollment period and the individual must meet the PCN criteria.

(c) The cost of coverage includes a deductible if the employer-sponsored plan has a deductible.

~~(d) The eligibility agency will include in the cost of coverage for the spouse or dependent child, the cost to enroll the employee if the employee must be enrolled to enroll the spouse or dependent child. [For adults, if the individual's cost for the employer-sponsored coverage offered by the employer directly, or for the employer's default plan offered through UHE, exceeds 15% of the household's countable gross income, the adult may choose to enroll in UPP or may choose direct coverage through PCN if PCN enrollment continues under the provisions of Section R414-310-16.~~

~~(d) If the cost to enroll a child in the employer-sponsored coverage offered by the employer directly, or the employer's default plan offered through UHE, is greater than or equal to 5% of the household's countable gross income, a child may choose enrollment in the employer-sponsored health plan and UPP or direct coverage through CHHP.~~

~~(e) The cost of coverage includes a deductible if the employer-sponsored plan has a deductible that must be met before it will pay any claims. For a spouse or dependent child, if the employee must be enrolled to enroll the spouse or dependent child, the cost of coverage includes the cost to enroll the employee and the spouse or dependent child].~~

(5) An eligible individual who has access to or who is enrolled in a COBRA plan may choose to enroll in UPP and the COBRA plan if the individual's cost for the COBRA plan exceeds 5% of the ~~household's gross~~ countable MAGI-based income for the individual's household ~~and the plan meets the criteria to be an UPP-qualified health plan as defined in R414-320-2(16)].~~

(6) An individual ~~[who is covered under Medicare Part A or Part B, or]~~who could enroll in Medicare ~~[Part B coverage,]~~ is not eligible for UPP enrollment, even if the individual must wait for a Medicare open enrollment period to apply ~~for Medicare benefits].~~

(7) An individual who is enrolled in the Veteran's Administration (VA) Health Care System is not eligible for UPP enrollment.

(a) An individual who is eligible to enroll in the VA Health Care System, but who has not yet enrolled, may be eligible for the UPP program while waiting for enrollment in the VA Health Care System to become effective. To be eligible during this waiting period, the individual must ~~[initiate the process]~~ apply for and take all necessary steps to enroll in the VA Health Care System.

(b) Eligibility for the UPP program ends once the individual's coverage in the VA Health Care System begins.

(8) An individual who voluntarily terminates health insurance coverage is ineligible to enroll in UPP for 90 days ~~[after the earlier insurance ends.]~~from the date the coverage ends.

(a) The eligibility agency may not apply a 90-day waiting period in the following situations:

(i) The cost of the premium paid to add the individual to the group health plan exceeds 5% of the MAGI-based household income.

(ii) The cost of the premium paid and deductible for the family coverage health plan to enroll the individual exceeds 9.5% of the MAGI-based household income.

(iii) An individual is determined eligible for Advanced Premium Tax Credit through the FFM because the employer sponsored insurance (ESI) is determined unaffordable.

(iv) An employer stopped offering coverage under an ESI.

(v) Loss of coverage due to a change in employment or involuntary separation.

~~(vi) The individual has special health care needs as defined by the Department.~~

~~(vii) Loss of coverage due to the death or divorce of an UPP individual.~~

~~(viii) Voluntary termination of COBRA.~~

~~(ix) Voluntary termination of Utah Comprehensive Health Insurance Pool coverage.~~

~~(x) Voluntary termination of coverage for an adult child from the parent's or guardian's ESI plan.~~

~~(xi) Voluntary termination of coverage by a spouse who does not live in the same household as the UPP applicant.~~

~~(xii) Voluntary termination of coverage for a child from a non-custodial parent's ESI plan.~~

~~(a) For an individual to enroll in UPP, the 90-day ineligibility period must expire by the earlier of:~~

~~(i) the end of the open enrollment period during which the individual applies for UPP; or~~

~~(ii) the end of the month which follows the month that the individual applies for UPP if the open enrollment period continues.~~

~~(b) If the 90-day ineligibility period does not end by the earlier of those two dates, the eligibility agency shall deny the application:~~

~~(c) An effective date of enrollment can only occur after the 90-day ineligibility period.~~

~~(9)b) The eligibility agency will determine the individual's eligibility at the end of the waiting period without requiring a new application.~~

~~(i) The agency may request information about changes in the individual's circumstances that may affect eligibility.~~

~~(ii) If eligible, enrollment in UPP can begin in the month in which the 90-day ineligibility period ends. [An applicant, applicant's spouse, or dependent child may be eligible for enrollment in UPP without a 90-day ineligibility period if that person discontinues coverage under a COBRA plan, the Utah Comprehensive Health Insurance Pool, or involuntarily discontinues coverage under an employer-sponsored health plan.]~~

(9a) An individual is eligible to enroll in UPP if the individual's prior health insurance coverage expires before the end of the calendar month that follows the month in which he applies for UPP, and the individual has access to another employer-sponsored health insurance plan that meets the criteria of an UPP qualified health plan.

(b) The UPP enrollment date must be after the prior health insurance coverage ends.

~~(10) An applicant, applicant's spouse, or dependent child can be eligible for the UPP program if his earlier insurance ended more than 90 days before the application date.~~

~~(10) An eligible individual with access to an employer-sponsored health plan who also has creditable health coverage operated or financed by Indian Health Services may enroll in the UPP program [to receive reimbursement for his employer-sponsored health plan].~~

~~(12) The individual must enroll in an UPP-qualified health plan either with an employer-sponsored health plan or a COBRA-continuation health plan within 30 days of the date of the approval notice to enroll in UPP.~~

~~(13) Individuals must report at application and review whether each individual for whom enrollment is being requested has~~

access to or is covered by a group health plan or other creditable health insurance coverage. This includes coverage that may be available through an employer or a spouse's or parent's employer, Medicare Part A or B, the VA Health Care System, or COBRA continuation coverage.

(14) The eligibility agency shall deny an application or review if the applicant or enrollee fails to respond to questions about health insurance coverage for any individual that the household seeks to enroll or recertify.

]

R414-320-8]7. Household Composition and Income Provisions.

(1) The Department determines household composition and countable household income according to the provisions in R414-304-5. [The following individuals are included in the household when determining household size for the purpose of computing financial eligibility for the UPP program:

- (a) The individual;
- (b) The individual's spouse living with the individual;
- (c) All children of the individual or the individual's spouse who are under age 19 and living with the individual; and
- (d) An unborn child if the individual is pregnant, or if the applicant's legal spouse who lives in the home is pregnant.]

(2) For an individual to be eligible to enroll, countable MAGI-based income for the individual's household must be equal to or less than 200% of the federal poverty guideline for the applicable household size. [The eligibility agency shall determine household composition for an eligible child in accordance with Subsection R382-10-11(1).

(3) A household member who is temporarily absent for schooling, training, employment, medical treatment or military service, or who will return home to live within 30 days from the date of application is considered part of the household.

(4) Any household member who is defined in Subsection R414-320-8(1) or Subsection R414-320-8(2) who is not a U.S. citizen or national, or who is not a qualified resident alien is included in the household size. The eligibility agency shall count that individual's income the same way that it counts the income of a U.S. citizen, national, or a qualified resident alien.]

[R414-320-9. Age Requirement.

(1) An individual must be under age 65 to be eligible for UPP and must enroll in the UPP program before he turns 65 years of age.

(2) The eligibility agency shall deny eligibility if it does not receive an application before an individual turns 65 years of age.

R414-320-10. Income Provisions.

(1) For an individual to be eligible to enroll, gross countable household income must be equal to or less than 200% of the federal non-farm poverty guideline for a household of the same size.

(2) All gross income, earned and unearned, received by the individual and the individual's spouse is counted toward household income, unless this section specifically describes a different treatment of the income. The eligibility agency shall use the countable gross income of parents who live with a child to determine the child's eligibility. The agency may not count any income that it excludes under Section R414-320-10.

(3) Any income in a trust that a household member receives becomes the income of the individual for whom it is received. The

income is countable if the eligibility agency counts that individual's income to determine eligibility.

(4) The eligibility agency shall count as income payments that a household member receives from the Family Employment program, Working Toward Employment program, or from refugee cash assistance or adoption support services as authorized under Title 35A, Chapter 3, Employment Support Act.

(5) The eligibility agency shall count rental income. The eligibility agency may deduct the following expenses:

- (a) Taxes and attorney fees needed to make the income available;
- (b) Upkeep and repair costs necessary to maintain the current value of the property;
- (c) Utility costs only if they are paid by the owner; and
- (d) Interest only on a loan or mortgage secured by the rental property.

(6) The eligibility agency shall count as income cash contributions from non-household members unless the parties sign a written agreement to repay the funds.

(7) The eligibility agency shall count as income the interest earned from payments under a sales contract or a loan agreement to the extent that the individual continues to receive these payments during the certification period.

(8) The eligibility agency shall count as income needs-based veteran's pensions. Nevertheless, the agency counts only the portion of a Veteran's Administration check to which the individual is legally entitled. Any portion of the payment for another family member counts solely as that family member's income.

(9) The eligibility agency shall count solely as the child's income the child support payments that a parent receives for a dependent child when that child lives in the home.

(10) The eligibility agency may only count in-kind income when a non-household member provides goods or services to an individual in exchange for services that the individual performs.

(11) The eligibility agency shall count as income supplemental security income and state supplemental payments.

(12) The eligibility agency may not count income that is excluded under 20 CFR 416 Subpart K, Appendix, 2010 edition, which is incorporated by reference.

(13) The eligibility agency may not count as income payments that are prohibited under other federal laws from being counted to determine eligibility for federally-funded medical assistance programs.

(14) The eligibility agency may not count as income death benefits to the extent that the funds are spent on the deceased person's burial or last illness.

(15) The eligibility agency may not count as income a bona fide loan that an individual contracts in good faith and endorses in writing to repay.

(16) The eligibility agency may not count as income child care assistance under Title XX.

(17) The eligibility agency may not count as income reimbursements of Medicare premiums that an individual receives from the Social Security Administration.

(18) The eligibility agency may only count earned and unearned income of an eligible child who is under 19 years of age when the child is the head of the household. When the applicant or enrollee's spouse is under the age of 19, the agency may only count the

~~spouse's earned and unearned income when the spouse under the age of 19 is the head of the household. The eligibility agency shall count income of a spouse over age 19.~~

~~(19) The eligibility agency may not count as income educational income, such as educational loans, grants, scholarships, and work-study programs. The individual must verify enrollment in an educational program.~~

~~(20) The eligibility agency may not count reimbursements for employee work expenses incurred by an individual.~~

~~(21) The eligibility agency may not count the value of food stamp assistance.~~

~~(22) The eligibility agency may not count income paid by the U.S. Census Bureau to a temporary census taker to prepare for and conduct the census.~~

[R414-320-~~H~~8. Budgeting.

~~(1) The Department shall apply the MAGI-based budgeting methodology defined at 42 CFR 435.603(c), (d), (e), (g) and (h), October 1, 2013 ed., which it adopts and incorporates by reference. [Subject to the limitations in Subsection R414-320-10(19), the eligibility agency shall count the gross income of the individual and the individual's spouse, or of an eligible child's parents to determine the eligibility of the applicant or enrollee, unless the income is excluded under this rule. The eligibility agency shall deduct from the gross income only those expenses that are required to make income available to the individual.]~~

~~(2) [The eligibility agency determines monthly income by taking into account the months of pay where an individual receives a fifth paycheck when paid weekly, or a third paycheck when paid every other week. The eligibility agency multiplies the weekly amount by 4.3 to obtain a monthly amount. The eligibility agency multiplies income paid biweekly by 2.15 to obtain a monthly amount.~~

~~(3) [The eligibility agency determines an individual's eligibility prospectively for the upcoming certification period at the time of application and at each review for continuing eligibility.~~

~~(a) The eligibility agency determines prospective eligibility by using the best estimate of the household's average monthly income that is expected to be received or made available to the household during the upcoming certification period.~~

~~(b) The eligibility agency shall include in the best estimate, reasonably predictable income changes, such as seasonal income or contract income, to determine the average monthly income expected to be received during the certification period.~~

~~(c) The eligibility agency prorates income that is received less often than monthly over the certification period to determine an average monthly income. [The eligibility agency may request earlier years' tax returns as well as current income information to determine a household's income.]~~

~~([4]3) Methods of determining the best estimate are income averaging, income anticipating, and income annualizing. The eligibility agency may use a combination of methods to obtain the best estimate. The best estimate may be a monthly amount that the household expects to receive each month of the certification period, or an annual amount that is prorated over the certification period. The eligibility agency may use different methods for different types of income that a household receives.~~

~~([5]4) The eligibility agency determines farm and self-employment income by using the individual's most recent tax return~~

~~forms or other verification the individual can provide. If tax returns are not available, or are not reflective of the individual's current farm or self-employment income, the eligibility agency may request income information from the most recent period that the individual had farm or self-employment income. [The eligibility agency deducts 40% of the gross income as a deduction for business expenses to determine the countable income of the individual. For individuals who have business expenses greater than 40%, the eligibility agency may exclude more than 40% if the individual can demonstrate that the actual expenses were greater than 40%.] The eligibility agency shall deduct[s] the same expenses from gross income that the Internal Revenue Service allows as self-employment expenses to determine net self-employment income.~~

~~(6) The eligibility agency may annualize income for any household and specifically for households that have self-employment income, receive income sporadically under contract or commission agreements, or receive income at irregular intervals throughout the year.~~

~~(7) The eligibility agency may request additional information and verification about how a household is meeting expenses if the average household income appears to be insufficient to meet the household's living expenses.~~

~~]~~

R414-320-~~I~~2]9. Assets.

~~[There is no] An asset test is not required for UPP eligibility [in the UPP program].~~

R414-320-10]3]. Application and Signature]Procedure].

~~(1) [The Department adopts 42 CFR 435.907 and 435.908, 2010 ed., which are incorporated by reference.~~

~~(2) The applicant must complete and sign a written application or complete an application on-line to enroll in the UPP program.] The provisions of Section R414-308-3 apply to applicants of the UPP program, except for paragraph (9), (10) and the three months of retroactive coverage.~~

~~([3]2) The eligibility agency shall reinstate an UPP case without requiring a new application if the case closes in error.~~

~~([4]3) An applicant may withdraw an application any time before the eligibility agency completes an eligibility decision on the application.~~

~~(5) If an eligible household requests enrollment for a new household member, the application date for the new household member is the date of the request. A new application form is not required. However, the household shall provide the information necessary to determine eligibility for the new member, including information about access to creditable health insurance.~~

~~(a) The effective date of enrollment in UPP for the new household is defined in Section R414-320-15. Coverage continues through the end of the certification period.~~

~~(b) The eligibility agency may not require a new income test to add the new household member for the months remaining in the certification period.~~

~~(c) A household may add a new member only during an open enrollment period under Section R414-320-16. A child is not subject to the open enrollment period.~~

~~(d) The eligibility agency shall consider income of the new member at the next scheduled review.~~

~~]~~

R414-320-11[4]. Eligibility Decisions and Eligibility Reviews.

(1) The Department adopts ~~and incorporates by reference~~ 42 CFR 435.911 and 435.912, October 1, 2013[6] ed., regarding eligibility determinations,~~[which are incorporated by reference.]~~

(2) ~~[When an individual applies for UPP,]At application and review,~~ the eligibility agency shall determine whether the individual applying for UPP enrollment is eligible for Medicaid.

(a) An individual who qualifies for Medicaid without paying a spenddown~~], a poverty level, pregnant woman asset copayment,]or an MWI premium cannot enroll in the UPP program. [If the individual appears to qualify for Medicaid, but additional information is required to determine eligibility for Medicaid, the applicant must provide additional information requested by the eligibility worker. The eligibility agency shall deny the application if the individual does not provide the requested information:]~~

(b) An individual who must pay a spenddown or MWI premium to receive Medicaid may enroll in UPP if the individual elects not to receive Medicaid.~~[If the individual must pay a spenddown, a poverty level, pregnant woman asset copayment or an MWI premium to qualify for Medicaid, the individual may choose to enroll in the employer-sponsored health insurance and the UPP program. The individual may enroll in UPP only during an open enrollment period, except that a child is not subject to an open enrollment period, and must meet all the eligibility criteria.~~

(c) ~~At each review for UPP reenrollment, the eligibility agency shall decide whether the enrollee is eligible for Medicaid. If the individual qualifies for Medicaid without a spenddown, a poverty level, pregnant woman asset copayment or an MWI premium, the individual cannot reenroll in the UPP program. If the individual appears to qualify for Medicaid, the applicant must provide additional information requested by the eligibility worker. The eligibility agency shall deny the review if the individual does not provide the requested information.~~

(3) ~~To enroll in UPP, the individual must meet enrollment criteria during an open enrollment period under the provisions of Section R414-320-16, except that a child is not subject to open enrollments.]~~

([4]3) The eligibility agency shall [complete a determination of eligibility or ineligibility for]process each application to a decision unless:

(a) the applicant voluntarily withdraws the application and the eligibility agency sends a notice to the applicant to confirm the withdrawal;

(b) the applicant dies;

(c) the applicant cannot be located; or

(d) the applicant does not respond to requests for information within the 30-day application period or by the verification due date, if that date is later.

([5]4) The eligibility agency shall complete a periodic review of an enrollee's eligibility for medical assistance in accordance with the requirements of 42 CFR 435.916.[at least once every 12 months. The periodic review is a review of eligibility factors that may be subject to change. The eligibility agency uses available, reliable sources to gather necessary information to complete the review.]

(a) The agency may request a recipient to contact the agency to complete the eligibility review.

(b) The agency shall provide the recipient a written request for verification needed to complete the review.

(c) The agency shall provide proper notice of an adverse decision.

(d) If the agency cannot provide proper notice of an adverse decision, the agency extends eligibility to the following month to allow for proper notice.

(e) If the enrollee is determined eligible during the due process month, the eligibility agency shall waive the open enrollment period requirement and the requirement at Subsection R414-320-6(2).

(5) If a recipient fails to respond to a request to complete the review or fails to provide all requested verification to complete the review, the eligibility agency shall end eligibility effective the end of the month for which the agency sends proper notice to the recipient.

(a) If the recipient contacts the agency to complete the review or returns all requested verification within three calendar months of the closure date, the eligibility agency shall treat such contact or receipt of verification as a new application. The agency may not require a new application form.

(b) The application processing period applies to this request to reapply.

~~[(6) The eligibility agency may ask the enrollee to respond to a request to complete the review process. The eligibility agency shall end the enrollee's eligibility effective at the end of the review month if the enrollee fails to respond to the request. The eligibility agency shall treat a response from the enrollee to complete the review or reapply as a new application if the enrollee responds to the review request or reapplies by the end of the month immediately following the review month. The application processing period applies for this new request for coverage.~~

~~(a) The eligibility agency may ask the enrollee for verification to redetermine eligibility.~~

[(b)c) Eligibility can begin in the month the client contacts the agency to complete the review if all verification is received within the application processing period.

(d) If the recipient fails to return the verification timely, but before the end of the three calendar months, eligibility becomes effective the first day of the month in which all verification is provided and the individual is found eligible.[Upon receiving verification, the eligibility agency shall redetermine eligibility and notify the enrollee. The agency shall send a denial notice to the enrollee if the enrollee fails to return verification within the application processing period or if the agency determines that the enrollee is ineligible.]

[(e)e) The eligibility agency may not continue eligibility while it makes a new eligibility determination.

[(f)f) During these three calendar months, the eligibility agency shall waive the open enrollment period requirement and the requirement at Subsection R414-320-6(2).[The eligibility agency shall waive the open enrollment period requirement and the requirement found at Subsection R414-320-7(2) if the enrollee completes the review process or reapplies in the calendar month immediately following the effective closure date.]

[(e)g) If the enrollee does not respond to the request to complete a review for UPP during the three calendar months immediately following the review closure date, the enrollee must reapply for UPP and meet all eligibility criteria.[The new certification period begins the day after the closure date if the enrollee becomes eligible.

~~(7) The eligibility agency may request verification from the enrollee if the enrollee responds to the review request during the review month.~~

~~_____ (a) The eligibility agency shall send a written request for the necessary verification.~~

~~_____ (b) The enrollee has at least ten calendar days from the notice date to provide the requested verification to the eligibility agency.~~

~~_____ (8) The eligibility agency shall determine eligibility and notify the enrollee of its decision if the enrollee responds to the review request on time and provides all verification by the verification due date.~~

~~_____ (a) The eligibility agency shall send proper notice of an adverse decision when the decision affects eligibility for the month that follows the review month.~~

~~_____ (b) The eligibility agency shall extend eligibility to the due process month when the agency does not send proper notice of an adverse change. The eligibility agency shall send proper notice of the adverse decision that becomes effective the first of the month after the due process month.~~

~~_____ (9) The eligibility agency shall extend eligibility to the due process month if the enrollee responds to the review request during the review month and the verification due date is during the due process month. The enrollee must provide all verification by the verification due date.~~

~~_____ (a) The eligibility agency shall determine eligibility and send proper notice of its decision when the enrollee provides all requested verification by the verification due date.~~

~~_____ (b) The eligibility agency shall end eligibility effective the end of the month in which it sends proper notice of the closure date if the enrollee does not provide all requested verification by the verification due date.~~

~~_____ (c) The eligibility agency shall treat the date that it receives all verification as a new application date if the enrollee returns all verification after the verification due date and before the effective closure date. The agency shall determine the enrollee's eligibility and notify the enrollee.~~

~~_____ (d) The eligibility agency shall waive the open enrollment period during the due process month, and for a reapplication received before the effective closure date. The eligibility agency also waives the requirement found at Subsection R414-320-7(2) if the enrollee completes the review or reapplies before the effective closure date.~~

~~_____ (e) The eligibility agency may not continue eligibility while it makes an eligibility determination. If the agency determines that an enrollee is eligible, the new certification date for the application is the day after the effective closure date.~~

~~_____ (10) The eligibility agency shall provide ten-day notice of a case closure if the agency determines that the enrollee is ineligible or if the enrollee fails to provide verification by the verification due date.]~~

~~_____ ([1]6) If a case closes for any reason other than an incomplete review, [F]the eligibility agency shall waive the open enrollment period and the requirement found at Subsection R414-320-7(2) if an enrollee reapplies in the calendar month immediately following the effective closure date.~~

~~_____ ([1]7) The enrollee must reapply if the case closes for one or more calendar months for any reason other than an incomplete review, [and must meet all eligibility criteria].~~

~~_____ (8) The eligibility agency shall comply with the requirements of 42 CFR 457.350(i), regarding transfer of the electronic file for the purpose of determining eligibility for other insurance affordability programs.~~

R414-320-12[5]. Effective Date of Enrollment[, Change Reporting] and Enrollment Period.

(1) Subject to Section[s] R414-320-[7]6, [R414-320-9 and R414-320-16 and the limitations in Section R414-306-6,] the effective date of enrollment in the UPP program is the first day of the application month.

(2) An individual who is approved for the UPP program must enroll in the employer-sponsored health plan or COBRA[~~continuation coverage~~] within 30 days of receiving an approval notice from the eligibility agency.[~~Eligibility for UPP is a qualifying event and employers must allow the individual to enroll in the health insurance plan upon approval.~~]

(3) If the applicant does not enroll in the employer-sponsored health insurance plan or COBRA within 30 days of the date that the eligibility agency sends the UPP approval notice, the eligibility agency shall deny the application.

(2)4 The Department may not reimburse the enrollee for premiums before the effective date of enrollment and not before the month in which the enrollee pays a health insurance or COBRA premium[~~that the enrollee verifies to the eligibility agency~~]. The enrollee must verify the premium payment.

(3) If the applicant does not enroll in the employer-sponsored health insurance or COBRA continuation coverage that meets the requirements of Subsection R414-320-2(14) within 30 days of the date that the eligibility agency sends the UPP approval notice, DWS shall deny the application. The individual may reapply during another open enrollment period, except that a child is not subject to the open enrollment period.

(4) The effective date of enrollment for a newborn or newly adopted child is the date of birth or the date that the child is placed for adoption if the newborn or newly adopted child is enrolled in the employer-sponsored health insurance or COBRA continuation coverage and the family requests UPP coverage within 30 days of the birth or placement for adoption. If the family makes the request after 30 days of the birth or placement for adoption, enrollment becomes effective on the first day of the month in which the date of report occurs.

(a) The requirement found at Subsection R414-320-7(2) does not apply if the request for UPP enrollment occurs during such 30 days.

(b) If the request for UPP enrollment is made more than 30 days after the date of birth or date of placement for adoption, the child must meet the requirements of Section R414-320-7.

(5) An enrollee may request to add a spouse to UPP coverage during the certification period.

(a) If the spouse had previous UPP coverage, but became eligible for Medicaid or PCN, the enrollee may add the spouse to UPP without waiting for an open enrollment period. Eligibility for the spouse becomes effective the month after coverage for Medicaid or PCN ends if there is no break in coverage. A spouse moving back to UPP from Medicaid may reenroll in UPP even if the spouse is enrolled in the employer-sponsored health insurance at the time of request and there is no break in coverage between Medicaid and UPP.

(b) If the spouse did not have previous UPP coverage, but is moving directly from PCN to UPP coverage, the effective date of enrollment is the first day of the month after PCN ends. The spouse does not have to wait for an open enrollment period. If the spouse is not moving directly from PCN to UPP coverage, the spouse may enroll

in UPP during an open enrollment period. The eligibility agency shall determine the effective date of enrollment in accordance with Subsection R414-320-15(1).

(6) An enrollee may request to add a dependent child to UPP coverage during the certification period.

(a) If the child had previous UPP coverage, but became eligible for Medicaid or CHIP, the effective date of enrollment is the first day of the month after Medicaid or CHIP ends if there is no break in coverage.

(b) If the child is not moving from another medical assistance program to UPP, the eligibility agency shall determine the effective date of enrollment in accordance with Subsection R414-320-15(1).

(c) If the child is a newborn or has recently been placed for adoption with the enrollee, the provision in Subsection R414-320-15(4) applies.

(7) The effective date of reenrollment in UPP after the eligibility agency completes the periodic [eligibility] review, is the first day of the month after the review month, or the first day after the due process month. [The eligibility agency shall complete the review as described in Subsection R414-320-14(8) or (9), and the enrollee must continue to meet eligibility criteria.] R414-320-11(5) defines the effective date of reenrollment when the enrollee completes the review process in the three calendar months after the case is closed for incomplete review.

(8) An individual who becomes eligible for UPP is enrolled for a 12-month certification period that begins with the first month of eligibility. [If the enrollee completes the review process and continues to be eligible, the recertification period continues for an additional 12 months, except that the eligibility agency may not count a due process month associated with a review in the new 12-month recertification period.]

(9) The eligibility agency shall end eligibility before the end of a 12-month certification period for any of the following reasons:

(a) The individual turns 65 years of age;

(b) An enrolled child turns 19 years of age and was covered by the parent's or guardian's health insurance plan;

(c) The individual becomes entitled to receive Medicare;

(d) The individual becomes covered by VA Health Insurance, or fails to apply for VA health system coverage when potentially eligible;

(e) The individual dies;

(f) The individual moves out of state or cannot be located;

(g) The individual enters a public institution or an Institution for Mental Disease.

(10) The eligibility agency shall end eligibility if an adult enrollee discontinues enrollment in employer-sponsored insurance or COBRA [continuation coverage].

(a) The enrollee may switch to the PCN program [for the rest of the certification period] if the enrollee meets PCN eligibility requirements, [discontinues enrollment in employer-sponsored insurance involuntarily and does not enroll in COBRA continuation coverage, or if the individual discontinues COBRA coverage voluntarily or involuntarily. The individual must meet the PCN income test.

(b) The enrollee must notify the eligibility agency within ten calendar days after the enrollee's insurance coverage ends to be eligible to switch to PCN outside of an open enrollment period.

(c) The eligibility agency shall complete a new eligibility determination and the individual must pay a PCN enrollment fee for the new 12-month certification period if the change occurs in the last month of the UPP certification period.

(11) When the enrollee reports other changes, the eligibility agency shall determine the effect of the change and make the appropriate change in the enrollee's eligibility. The eligibility agency shall send proper notice of changes in eligibility. The agency may end eligibility if the enrollee fails to report changes within ten calendar days. Other changes that may affect eligibility or benefits occur when:

(a) an enrollee changes health insurance plans or has a COBRA qualifying event; or

(b) the amount of the premium changes that the enrollee pays for an employer-sponsored health insurance plan or COBRA continuation coverage.

(12) An enrollee who fails to report changes or return verification timely must repay any overpayment of benefits for which the enrollee is not eligible to receive.

(13) A child enrolled in UPP may discontinue employer-sponsored health insurance or COBRA continuation coverage and UPP, and move to direct coverage under CHIP at any time during the certification period without any ineligibility period.

(14) An individual who is enrolled in PCN or CHIP and who enrolls in an employer-sponsored health plan or COBRA continuation coverage may switch to the UPP program. The individual must report to the eligibility agency within ten calendar days of signing up for an employer-sponsored plan or COBRA continuation coverage, or within ten days after coverage begins, whichever is later.

(a) The eligibility agency shall add the individual for the rest of the certification period if the household has an open UPP case.

(b) The eligibility agency shall approve a new 12-month certification period if the household does not have an open UPP or PCN case. If the household has an open PCN case, eligibility under UPP continues through the end of the PCN certification period.

(15) If an UPP case closes for any reason, other than to become covered by another Medicaid program, PCN or CHIP, and remains closed for one or more calendar months, the individual must submit a new application to the eligibility agency during an open enrollment period to reapply, except that a child is not subject to the open enrollment period. The individual must meet all the requirements of a new applicant.]

(16) If an UPP case closes because the enrollee is eligible for [another] Medicaid [program], PCN or CHIP, the individual may reenroll in UPP if there is no break in coverage between the programs; even when the eligibility agency stops enrollment under Subsection R414-320-16(2).

(a) The individual may reenroll during the current 12-month certification period for UPP [PCN] or CHIP. The eligibility agency may not require the individual to complete a new application or have a new income eligibility determination.

(b) The individual may still reenroll in UPP if the previous 12-month certification period has ended and the individual's coverage is changing [is moving] from Medicaid to UPP. The individual must meet eligibility and income guidelines for the new certification period.

(c) If there is a break in coverage of one or more calendar months between programs, the adult individual must reapply during an open enrollment period; except that a child is not subject to the open enrollment period].

(d) If the individual reapplies in the month immediately following the closure, the eligibility agency waives the open enrollment period and the provision in Subsection R414-320-7(2). The individual must meet all other UPP requirements.

~~_____ (17) The eligibility agency shall end eligibility effective at the end of the month in which the agency sends proper notice if the agency requests verification of a reported change and the enrollee fails to return the verification. The eligibility agency shall treat the verification as a new application if the enrollee returns the verification within one calendar month after the effective closure date. The eligibility agency shall waive the open enrollment period, and if the enrollee is eligible, continue eligibility for the rest of the certification period. The eligibility agency shall send a denial notice to the enrollee if the enrollee is ineligible.~~

_____ (10[8]) An enrollee may request a Medicaid determination of eligibility when there is a change of income during the certification period.

(a) The eligibility agency shall end UPP enrollment and change the enrollee's coverage to Medicaid if the enrollee asks for a Medicaid determination and the reported change makes the enrollee eligible for Medicaid without cost.

(b) If the enrollee asks for a Medicaid determination and the reported change makes the enrollee eligible for Medicaid with a spenddown[;] or MWI premium[or a poverty level, pregnant woman asset copayment], the enrollee may choose to remain on UPP.

R414-320-13[6]. Change Reporting and Benefit Changes[Open Enrollment Period.]

_____ (1) Enrollees are required to report changes to the eligibility as defined in Subsection 414-320-3(2).

_____ (a) The eligibility agency shall determine the effect of the change and make the appropriate change in the enrollee's eligibility.

_____ (b) The eligibility agency shall send proper notice of changes in eligibility.

_____ (2) An enrollee who fails to report changes or return verification timely must repay any overpayment of benefits for which the enrollee is not eligible to receive.

_____ (3) An individual who is open for PCN or CHIP and enrolls in an employer-sponsored health plan or COBRA coverage may switch to the UPP program.

_____ (a) The eligibility agency shall waive the open enrollment period and the requirement found in Subsection 414-320-6(2) if the change is reported within ten calendar days of signing up for coverage or within ten days after coverage begins, whichever is later.

_____ (b) All other eligibility requirements must be met.

_____ (4) If an eligible household requests enrollment for an individual not enrolled in UPP, the application date for the individual is the date of the request. A new application form is not required.

_____ (a) The household must provide the information necessary to determine eligibility for the individual, including information about access to creditable health insurance.

_____ (b) The eligibility agency shall determine the effective date of enrollment for individuals not moving from Medicaid, PCN or CHIP in accordance with Section R414-320-12.

_____ (c) The eligibility agency may require an income test for the individual.

_____ (d) If the individual had previous UPP coverage, but became eligible for Medicaid, PCN or CHIP, the enrollee may add the

individual to UPP effective the month after Medicaid, PCN or CHIP coverage ends.

_____ (i) The eligibility agency will waive the open enrollment requirement if there is no break in coverage.

_____ (ii) An individual moving back to UPP from Medicaid may reenroll in UPP even if the spouse is enrolled in the employer-sponsored health insurance at the time of request.

_____ (e) If an individual did not have previous UPP coverage, but is moving directly from PCN to UPP, the effective date of enrollment is the first day of the month after PCN ends. The eligibility agency will waive the open enrollment requirement if there is no break in coverage.

_____ (f) If the individual is a newborn or adopted child, the following apply:

_____ (i) If the request is made within 30 days of the date of birth or adoption, the effective date of enrollment is the date of birth or the date of adoption. The eligibility agency shall waive the requirement found at Subsection R414-320-6(2).

_____ (ii) If the request is made after 30 days of the date of birth or the date of adoption, enrollment is effective on the first day of the month in which the date of request occurs.

~~_____ (1) The eligibility agency accepts applications for enrollment at times when sufficient funding is available to justify enrollment of more individuals. The eligibility agency limits the number it enrolls according to the funds available for the program.~~

~~_____ (2) The eligibility agency may stop enrollment of new individuals at any time based on availability of funds.~~

~~_____ (3) The eligibility agency may not accept applications or maintain waiting lists during a period that it stops enrollment of new individuals.~~

~~_____ (4) A child is not subject to the open enrollment requirement to enroll in UPP.~~

]

R414-320-14[7]. Notice and Termination.

(1) The eligibility agency shall notify an applicant or enrollee in writing of the eligibility decision made on the application or the recertification.

(2) The eligibility agency shall end an individual's enrollment upon enrollee request or upon discovery that the individual is no longer eligible.

(3) The eligibility agency shall end an individual's enrollment if the individual fails to complete the periodic review process on time.

(4) The eligibility agency shall notify an enrollee in writing at least ten days before ~~[taking a proposed]~~the effective date of an action adversely affecting the enrollee's eligibility. The notice must include:

- (a) the action to be taken;
- (b) the reason for the action;
- (c) the regulations or policy that support an adverse action;
- (d) the applicant's or enrollee's right to a hearing;
- (e) how an applicant or enrollee may request a hearing; and
- (f) the applicant or enrollee's right to represent himself, or use legal counsel, a friend, relative, or other spokesperson.

(5) The eligibility agency need not give ten-day notice of termination if:

- (a) the enrollee is deceased;

(b) the enrollee moves out-of-state and is not expected to return; or

(c) the enrollee enters a public institution or institution for mental disease.

R414-320-15[8]. Improper Medical Coverage.

(1) Improper medical coverage occurs when:

(a) an individual receives medical assistance for which the individual is not eligible, including benefits that an individual receives pending a fair hearing or during an undue hardship waiver if the enrollee fails to act as required by the eligibility agency;

(b) an individual receives a benefit or service that is not part of the benefit package for which the individual is eligible;

(c) an individual pays too much or too little for medical assistance benefits; or

(d) the Department pays too much or too little for medical assistance benefits on behalf of an eligible individual.

(2) An individual who receives benefits under the UPP program for which the individual is not eligible must repay the Department for the cost of the benefits that he receives.

(3) An overpayment of benefits includes all amounts paid by the Department for medical services or other benefits on behalf of an enrollee or for the benefit of the enrollee during a period that the enrollee is not eligible to receive the benefits.

R414-320-16[9]. Benefits.

(1) The UPP program shall provide cash reimbursement to enrollees.

(2) The reimbursement may not exceed the amount that the enrollee pays toward the cost of the employer-sponsored health plan,

employer-sponsored plans selected through UHE, or COBRA continuation coverage.

(3) The UPP program may reimburse an adult up to \$150 each month.

(4) The UPP program may reimburse a child up to \$120 each month for medical coverage. The UPP program will pay the child an additional \$20 if the child elects to enroll in employer-sponsored dental coverage.

(a) When the employer-sponsored insurance does not include dental benefits, a child may receive cash reimbursement up to \$120 for the medical insurance cost and may receive dental-only benefits through CHIP.

(b) When the employer also offers employer-sponsored dental coverage, the applicant may choose to enroll a child in the employer-sponsored dental coverage, in which case, the UPP program will pay the child an additional \$20. The enrollee may also choose to only enroll the child in the employer-sponsored health insurance and UPP, and not enroll the child in the employer-sponsored dental coverage, in which case the child may receive dental-only benefits through CHIP.

KEY: CHIP, Medicaid, PCN, UPP

Date of Enactment or Last Substantive Amendment: January 1, 2014

Notice of Continuation: October 13, 2011

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

End of the Notices of 120-Day (Emergency) Rules Section

FIVE-YEAR NOTICES OF REVIEW AND STATEMENTS OF CONTINUATION

Within five years of an administrative rule's original enactment or last five-year review, the agency is required to review the rule. This review is intended to help the agency determine, and to notify the public, that the administrative rule in force is still authorized by statute and necessary. Upon reviewing a rule, an agency may: repeal the rule by filing a **PROPOSED RULE**; continue the rule as it is by filing a **FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION (REVIEW)**; or amend the rule by filing a **PROPOSED RULE** and by filing a **REVIEW**. By filing a **REVIEW**, the agency indicates that the rule is still necessary.

A **REVIEW** is not followed by the rule text. The rule text that is being continued may be found in the online edition of the *Utah Administrative Code* available at <http://www.rules.utah.gov/publicat/code.htm>. The rule text may also be inspected at the agency or the Division of Administrative Rules. **REVIEWS** are effective upon filing.

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

Agriculture and Food, Regulatory Services **R70-630** Water Vending Machine

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 38197
FILED: 12/19/2013

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: Promulgated under authority of Title 4, Chapter 5. The purpose of this rule is to set forth requirements and controls for vending machines designed to dispense water intended for human consumption to assure: 1) consumers using such machines are given appropriate information as to the nature of the vended water; 2) the quality of the water vended meets acceptable standards for potability; and 3) the vending equipment is installed, operated, and maintained to protect the health, safety, and welfare of the consuming public.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No written comments have been received.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: The Utah Wholesome Food Act is in place to protect the public from adulterated food and water products.

This rule needs to continue in order to protect the public from contaminated vended water.

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

AGRICULTURE AND FOOD
REGULATORY SERVICES
350 N REDWOOD RD
SALT LAKE CITY, UT 84116-3034
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Kathleen Mathews by phone at 801-538-7103, by FAX at 801-538-7126, or by Internet E-mail at kmathews@utah.gov
♦ Kyle Stephens by phone at 801-538-7102, by FAX at 801-538-7126, or by Internet E-mail at kylestephens@utah.gov

AUTHORIZED BY: Leonard Blackham, Commissioner

EFFECTIVE: 12/19/2013

Heritage and Arts, Arts and Museums, Museum Services **R452-100** Certified Local Museum Designation

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

DAR FILE NO.: 38214
FILED: 12/31/2013

NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE

OR REQUIRE THE RULE: Subsection 9-6-603(1)(h) establishes a program by 01/01/2009, by rule, creating a certified local museum designation, including any provisions necessary to ensure public confidence in charitable solicitation undertaken by a certified local museum.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: No written comments concerning this rule has been received since the last five-year review.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: Continuation of this rule is necessary as it outlines requirements museums must meet in order to be considered eligible for application as a certified local museum.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
HERITAGE AND ARTS
ARTS AND MUSEUMS, MUSEUM SERVICES
617 E SOUTH TEMPLE
SALT LAKE CITY, UT 84102-1177
or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Lynnette Hiskey by phone at 801-236-7552, by FAX at 801-236-7556, or by Internet E-mail at lhiskey@utah.gov

AUTHORIZED BY: Julie Fisher, Executive Director

EFFECTIVE: 12/31/2013

Insurance, Administration
R590-248
Mandatory Fraud Reporting Rule

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION
DAR FILE NO.: 38199
FILED: 12/23/2013

NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

CONCISE EXPLANATION OF THE PARTICULAR STATUTORY PROVISIONS UNDER WHICH THE RULE IS ENACTED AND HOW THESE PROVISIONS AUTHORIZE OR REQUIRE THE RULE: Subsection 31A-2-201(3)(a) authorizes this rule to implement provisions of Title 31A of the Utah Code. Section 31A-31-110 authorizes a rule to provide a process by which a person shall report a fraudulent insurance 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: The department has not received any written comments regarding this rule in 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: This rule is important because it establishes a process of reporting fraud for insurers, and auditors employed by title insurers, doing business in Utah. 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

AUTHORIZED BY: Todd Kiser, Commissioner

EFFECTIVE: 12/23/2013

Insurance, Administration
R590-249
Secondary Medical Condition Exclusion

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION
DAR FILE NO.: 38200
FILED: 12/23/2013

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: The reference to Subsection 31A-22-613.5(3) in the Authority Section is incorrect. It should read Subsection 31A-22-613.5(2) and will be corrected within the coming month. This subsection authorizes the commissioner to adopt a rule to implement disclosure requirements and provide examples of coverage limitations or exclusions, including a secondary medical condition.

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 received no written comments regarding this rule in 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: This rule needs to continue in force in order to promote informed consumer behavior in the selection of health benefit plans to match their needs.

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

AUTHORIZED BY: Todd Kiser, Commissioner

EFFECTIVE: 12/23/2013

**Public Service Commission,
Administration
R746-365
Intercarrier Service Quality**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION
DAR FILE NO.: 38207
FILED: 12/30/2013**

**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 54-4-1 grants the commission authority to regulate every public utility. Section 54-4-4 requires the commission to take action to set the rates to be charged by public utilities. Section 54-4-7 directs the commission to regulate the equipment, services, and rules of public utilities in providing service. Section 54-4-12 requires the commission to establish connections and joint rates and division of costs between telephone companies. Section 54-8b-2.2 requires the commission to establish rules to facilitate competitive provision of telecommunication services. 47

U.S.C. Sections 251 and 252 require state commissions to set interconnection terms between telephone companies.

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 submitted in the last 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: This rule needs to be continued because it provides guidelines to ensure that telecommunications corporations will engineer, design, equip and provision an efficient public telecommunications network with attendant operational support systems and joint network planning processes.

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

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

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Jordan White by phone at 801-530-6712, or by Internet E-mail at jordanwhite@utah.gov
♦ Sheri Bintz by phone at 801-530-6714, by FAX at 801-530-6796, or by Internet E-mail at sbintz@utah.gov

AUTHORIZED BY: Jordan White, Legal Counsel

EFFECTIVE: 12/30/2013

**Transportation, Program Development
R926-11
Clean Fuel Vehicle Decal Program**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
OF CONTINUATION
DAR FILE NO.: 38194
FILED: 12/18/2013**

**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 72-6-121(6) which requires the Department of Transportation to make rules to administer the clean fuel vehicle decal program. This rule is also authorized by

Section 41-6a-702 which permits the Department of Transportation to make rules to allow a vehicle with a clean fuel vehicle decal to travel in lanes designated for the use of high occupancy vehicles regardless of the number of occupants.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: There have been no comments received from interested persons supporting or opposing the rule during and since the last five-year review of 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: This rule must remain in place for the Department to administer the clean fuel vehicle decal program, and to establish procedures to allow a vehicle with a clean fuel vehicle decal to travel in lanes designated for the use of high occupancy vehicles regardless of the number of occupants. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
 TRANSPORTATION
 PROGRAM DEVELOPMENT
 CALVIN L RAMPTON COMPLEX
 4501 S 2700 W
 SALT LAKE CITY, UT 84119-5998
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 ♦ Christine Newman by phone at 801-965-4026, by FAX at 801-965-4338, or by Internet E-mail at cwnewman@utah.gov

AUTHORIZED BY: Carlos Braceras, Executive Director

EFFECTIVE: 12/18/2013

**Transportation Commission,
 Administration
 R940-3
 Procedures for Transportation
 Infrastructure Loan Fund Assistance**

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT
 OF CONTINUATION
 DAR FILE NO.: 38195
 FILED: 12/18/2013**

**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 72-2-203(2) which requires the Transportation Commission to make rules providing procedures and standards for making infrastructure loans and providing infrastructure assistance.

SUMMARY OF WRITTEN COMMENTS RECEIVED DURING AND SINCE THE LAST FIVE YEAR REVIEW OF THE RULE FROM INTERESTED PERSONS SUPPORTING OR OPPOSING THE RULE: There have been no written comments received from interested persons supporting or opposing the rule during and since the last five-year review.

REASONED JUSTIFICATION FOR THE CONTINUATION OF THE RULE, INCLUDING REASONS WHY THE AGENCY DISAGREES WITH COMMENTS IN OPPOSITION TO THE RULE, IF ANY: This rule must remain in effect to provide procedures and standards for making infrastructure loans and providing infrastructure assistance. Therefore, this rule should be continued.

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT:
 TRANSPORTATION COMMISSION
 ADMINISTRATION
 CALVIN L RAMPTON COMPLEX
 4501 S 2700 W
 SALT LAKE CITY, UT 84119
 or at the Division of Administrative Rules.

DIRECT QUESTIONS REGARDING THIS RULE TO:
 ♦ Christine Newman by phone at 801-965-4026, by FAX at 801-965-4338, or by Internet E-mail at cwnewman@utah.gov

AUTHORIZED BY: Carlos Braceras, Executive Director

EFFECTIVE: 12/18/2013

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

**NOTICES OF
FIVE-YEAR REVIEW EXTENSIONS**

Rulewriting agencies are required by law to review each of their administrative rules within five years of the date of the rule's original enactment or the date of last review (Section 63G-3-305). If the agency finds that it will not meet the deadline for review of the rule (the five-year anniversary date), it may file a **NOTICE OF FIVE-YEAR REVIEW EXTENSION (EXTENSION)** with the Division of Administrative Rules. The **EXTENSION** permits the agency to file the review up to 120 days beyond the anniversary date.

Agencies have filed **EXTENSIONS** for the rules listed below. The "Extended Due Date" is 120 days after the anniversary date.

EXTENSIONS are governed by Subsection 63G-3-305(6).

**Education, Administration
R277-102
Adjudicative Proceedings**

FIVE-YEAR REVIEW EXTENSION
DAR FILE NO.: 38208
FILED: 12/31/2013

EXTENSION REASON AND NEW DEADLINE: A notification error resulted in insufficient time for Education to file its review. New deadline: 06/13/2014.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Carol Lear by phone at 801-538-7835, by FAX at 801-538-7768, or by Internet E-mail at carol.lear@schools.utah.gov

AUTHORIZED BY: Carol Lear, Director, School Law and Legislation

EFFECTIVE: 12/31/2013

**Education, Administration
R277-486
Professional Staff Cost Program**

FIVE-YEAR REVIEW EXTENSION
DAR FILE NO.: 38202
FILED: 12/30/2013

EXTENSION REASON AND NEW DEADLINE: A notification error resulted in insufficient time for Education to file its review. New deadline: 05/05/2014.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Carol Lear by phone at 801-538-7835, by FAX at 801-538-7768, or by Internet E-mail at carol.lear@schools.utah.gov

AUTHORIZED BY: Carol Lear, Director, School Law and Legislation

EFFECTIVE: 12/30/2013

**Education, Administration
R277-524
Paraprofessional/Paraeducator
Programs, Assignments, and
Qualifications**

FIVE-YEAR REVIEW EXTENSION
DAR FILE NO.: 38203
FILED: 12/30/2013

EXTENSION REASON AND NEW DEADLINE: A notification error resulted in insufficient time for Education to file its review. New deadline: 05/05/2014.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Carol Lear by phone at 801-538-7835, by FAX at 801-538-7768, or by Internet E-mail at carol.lear@schools.utah.gov

AUTHORIZED BY: Carol Lear, Director, School Law and Legislation

EFFECTIVE: 12/30/2013

**Education, Administration
R277-601
Standards for Utah School Buses and
Operations**

FIVE-YEAR REVIEW EXTENSION

DAR FILE NO.: 38209
FILED: 12/31/2013

EXTENSION REASON AND NEW DEADLINE: A notification error resulted in insufficient time for Education to file its review. New deadline: 06/13/2014.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Carol Lear by phone at 801-538-7835, by FAX at 801-538-7768, or by Internet E-mail at carol.lear@schools.utah.gov

AUTHORIZED BY: Carol Lear, Director, School Law and Legislation

EFFECTIVE: 12/31/2013

Education, Administration
R277-724

Criteria for Sponsors Recruiting Day
Care Facilities in the Child and Adult
Care Food Program

FIVE-YEAR REVIEW EXTENSION

DAR FILE NO.: 38204
FILED: 12/30/2013

EXTENSION REASON AND NEW DEADLINE: A notification error resulted in insufficient time for Education to file its review. New deadline: 05/05/2014.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Carol Lear by phone at 801-538-7835, by FAX at 801-538-7768, or by Internet E-mail at carol.lear@schools.utah.gov

AUTHORIZED BY: Carol Lear, Director, School Law and Legislation

EFFECTIVE: 12/30/2013

Education, Administration
R277-735

Corrections Education Programs

FIVE-YEAR REVIEW EXTENSION

DAR FILE NO.: 38205
FILED: 12/30/2013

EXTENSION REASON AND NEW DEADLINE: A notification error resulted in insufficient time for Education to file its review. New deadline: 05/05/2014.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Carol Lear by phone at 801-538-7835, by FAX at 801-538-7768, or by Internet E-mail at carol.lear@schools.utah.gov

AUTHORIZED BY: Carol Lear, Director, School Law and Legislation

EFFECTIVE: 12/30/2013

Education, Rehabilitation
R280-202

USOR Procedures for Individuals with
the Most Severe Disabilities

FIVE-YEAR REVIEW EXTENSION

DAR FILE NO.: 38206
FILED: 12/30/2013

EXTENSION REASON AND NEW DEADLINE: A notification error resulted in insufficient time for Education to file its review. New deadline: 05/05/2014.

DIRECT QUESTIONS REGARDING THIS RULE TO:
♦ Carol Lear by phone at 801-538-7835, by FAX at 801-538-7768, or by Internet E-mail at carol.lear@schools.utah.gov

AUTHORIZED BY: Carol Lear, Director, School Law and Legislation

EFFECTIVE: 12/30/2013

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

Curation of Collections from State
Lands

FIVE-YEAR REVIEW EXTENSION

DAR FILE NO.: 38212
FILED: 12/31/2013

EXTENSION REASON AND NEW DEADLINE: A notification error resulted in insufficient time for the Utah Museum of Natural History to file its review. New deadline: 05/06/2014.

DIRECT QUESTIONS REGARDING THIS RULE TO:

♦ Ann Hanniball by phone at 801-585-6928, by FAX at 801-585-3684, or by Internet E-mail at hanniball@umnh.utah.edu

AUTHORIZED BY: David Pershing, President

EFFECTIVE: 12/31/2013

End of the Notices of Five-Year Review Extensions Section

NOTICES OF RULE EFFECTIVE DATES

State law provides for agencies to make their administrative rules effective and enforceable after publication in the *Utah State Bulletin*. In the case of **PROPOSED RULES** or **CHANGES IN PROPOSED RULES** with a designated comment period, the law permits an agency to make a rule effective no fewer than seven calendar days after the close of the public comment period, nor more than 120 days after the publication date. In the case of **CHANGES IN PROPOSED RULES** with no designated comment period, the law permits an agency to make a rule effective on any date including or after the thirtieth day after the rule's publication date, but not more than 120 days after the publication date. If an agency fails to file a **NOTICE OF EFFECTIVE DATE** within 120 days from the publication of a **PROPOSED RULE** or a related **CHANGE IN PROPOSED RULE** the rule lapses.

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

NOTICES OF EFFECTIVE DATE are governed by Subsection 63G-3-301(12), Section 63G-3-303, and Sections R15-4-5a and R15-4-5b.

Abbreviations

AMD = Amendment
CPR = Change in Proposed Rule
NEW = New Rule
R&R = Repeal & Reenact
REP = Repeal

Administrative Services

Archives

No. 38062 (AMD): R17-6-3. Records Storage and Disposal
-- Archives Responsibility
Published: 11/15/2013
Effective: 12/31/2013

No. 38064 (AMD): R17-8-2. Micrographic Standards
Published: 11/15/2013
Effective: 12/31/2013

Commerce

Occupational and Professional Licensing
No. 38075 (AMD): R156-17b. Pharmacy Practice Act Rule
Published: 11/15/2013
Effective: 12/23/2013

No. 38074 (AMD): R156-49. Dietitian Certification Act Rule
Published: 11/15/2013
Effective: 12/23/2013

No. 38068 (AMD): R156-60b. Marriage and Family Therapist
Licensing Act Rule
Published: 11/15/2013
Effective: 12/23/2013

Environmental Quality

Administration

No. 38048 (AMD): R305-4-5. Final Approval Procedure and
Payment Process
Published: 11/01/2013
Effective: 12/19/2013

Health

Children's Health Insurance Program
No. 38096 (AMD): R382-10. Eligibility
Published: 11/15/2013
Effective: 01/01/2014

Health Care Financing, Coverage and Reimbursement Policy
No. 38044 (AMD): R414-302. Eligibility Requirements
Published: 11/01/2013
Effective: 01/01/2014

No. 38099 (AMD): R414-303. Coverage Groups
Published: 11/15/2013
Effective: 01/01/2014

No. 38100 (AMD): R414-304. Income and Budgeting
Published: 11/15/2013
Effective: 01/01/2014

No. 38101 (AMD): R414-305. Resources
Published: 11/15/2013
Effective: 01/01/2014

No. 38083 (AMD): R414-306-4. Effective Date of Eligibility
Published: 11/15/2013
Effective: 01/01/2014

No. 38098 (AMD): R414-307. Eligibility for Home and
Community-Based Services Waivers
Published: 11/15/2013
Effective: 01/01/2014

No. 38097 (AMD): R414-308. Application, Eligibility
Determinations and Improper Medical Assistance
Published: 11/15/2013
Effective: 01/01/2014

NOTICES OF RULE EFFECTIVE DATES

Human Services

Services for People with Disabilities
No. 38049 (AMD): R539-1. Eligibility
Published: 11/01/2013
Effective: 12/30/2013

No. 38093 (AMD): R539-4. Behavior Interventions
Published: 11/15/2013
Effective: 12/30/2013

No. 38094 (NEW): R539-10. Short-Term Limited Waiting List
Services
Published: 11/15/2013
Effective: 12/30/2013

No. 38095 (REP): R539-11. Family Preservation Pilot
Program
Published: 11/15/2013
Effective: 12/30/2013

Juvenile Justice Services
No. 38047 (AMD): R547-6-3. Administration and
Organization
Published: 11/01/2013
Effective: 12/31/2013

No. 38059 (AMD): R547-12. Division of Juvenile Justice
Services Classification of Records
Published: 11/01/2013
Effective: 12/31/2013

Labor Commission

Industrial Accidents
No. 38072 (AMD): R612-400-5. Premium Rates for the
Uninsured Employers' Fund and the Employers' Reinsurance
Fund
Published: 11/15/2013
Effective: 12/23/2013

Natural Resources

Parks and Recreation
No. 38085 (AMD): R651-634. Nonresident OHV User
Permits and Fees
Published: 11/15/2013
Effective: 12/26/2013

End of the Notices of Rule Effective Dates Section

**2013 COMPLETE RULES INDEX
BY AGENCY (CODE NUMBER)
AND
BY KEYWORD (SUBJECT)**

This Rules Index is a complete index that reflects all effective changes to Utah's administrative rules for 2013. The Index lists changes made effective from January 2, 2013 through January 1, 2014. The Rules Index is published in the Utah State Bulletin and in the annual Utah Administrative Rules Index of Changes. Nonsubstantive changes, while not published in the Bulletin, do become part of the Utah Administrative Code (Code) and are included in this Index, as well as 120-Day (Emergency) rules that do not become part of the Code. The rules are indexed by Agency (Code Number) and Keyword (Subject).

Questions regarding the index and the information it contains should be addressed to the Division of Administrative Rules (801-538-3764).

A copy of the **RULES INDEX** is available for public inspection at the Division of Administrative Rules (5110 State Office Building, Salt Lake City, UT), or may be viewed online at the Division's web site (<http://www.rules.utah.gov/>).

RULES INDEX - BY AGENCY (CODE NUMBER)

ABBREVIATIONS

<p>AMD = Amendment (Proposed Rule) CPR = Change in Proposed Rule EMR = 120-Day (Emergency) Rule EXD = Expired Rule EXP = Expedited Rule EXT = Five-Year Review Extension GEX = Governor's Extension</p>	<p>LNR = Legislative Nonreauthorization NEW = New Rule (Proposed Rule) NSC = Nonsubstantive Rule Change R&R = Repeal and Reenact (Proposed Rule) REP = Repeal (Proposed Rule) 5YR = Five-Year Notice of Review and Statement of Continuation</p>
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CODE REFERENCE	TITLE	FILE NUMBER	ACTION	EFFECTIVE DATE	BULLETIN ISSUE/PAGE
ADMINISTRATIVE SERVICES					
<u>Administration</u>					
R13-1	Public Petitions for Declaratory Orders	37839	5YR	07/11/2013	2013-15/123
<u>Archives</u>					
R17-5	Definitions for Rules in Title R17	37653	5YR	05/17/2013	2013-12/49
R17-6	Records Storage and Disposal at the State Records Center	37654	5YR	05/17/2013	2013-12/49
R17-6-3	Records Storage and Disposal -- Archives Responsibility	38062	AMD	12/31/2013	2013-22/12
R17-7	Archival Records Care and Access at the State Archives	37659	5YR	05/28/2013	2013-12/50
R17-7	Archival Records Care and Access at the State Archives	37658	AMD	08/15/2013	2013-12/8
R17-8	Application of Microfilm Standards	37655	5YR	05/17/2013	2013-12/50
R17-8-2	Micrographic Standards	38064	AMD	12/31/2013	2013-22/13
<u>Facilities Construction and Management</u>					
R23-13	State of Utah Parking Rules for Facilities Managed by the Division of Facilities and Construction and Management	37357	5YR	02/20/2013	2013-6/49
R23-22	General Procedures for Acquisition and Selling of Real Property	37358	5YR	02/20/2013	2013-6/49
R23-30	State Facility Energy Efficiency Fund	37845	5YR	07/15/2013	2013-15/123
R23-30	State Facility Energy Efficiency Fund	37848	AMD	09/10/2013	2013-15/8
<u>Finance</u>					
R25-5	Payment of Per Diem to Boards	37521	5YR	04/15/2013	2013-9/29
R25-5	Payment of Per Diem to Boards	37558	AMD	06/21/2013	2013-10/6
R25-6	Relocation Reimbursement	37522	5YR	04/15/2013	2013-9/29
R25-7	Travel-Related Reimbursements for State Employees	37523	5YR	04/15/2013	2013-9/30
R25-7	Travel-Related Reimbursements for State Employees	37556	AMD	06/21/2013	2013-10/7
R25-7	Travel-Related Reimbursements for State Employees	38174	EMR	01/01/2014	2014-1/73
R25-8	Overtime Meal Allowance	37524	5YR	04/15/2013	2013-9/30
R25-8	Overtime Meal Allowance	37557	AMD	06/21/2013	2013-10/12
<u>Fleet Operations</u>					
R27-3	Vehicle Use Standards	36949	AMD	03/07/2013	2012-22/11
R27-3-5	Personal Use Standards	37392	AMD	06/07/2013	2013-7/4

Purchasing and General Services

R33-3-3	Small Purchases	37633	EMR	05/15/2013	2013-11/81
R33-3-3	Small Purchases	37837	AMD	10/24/2013	2013-15/12
R33-11	Surplus Property	37937	EMR	08/23/2013	2013-18/53
R33-11	Surplus Property	37938	AMD	10/24/2013	2013-18/6

Records Committee

R35-1-3	Issuing the Committee Decision and Order	37773	AMD	08/30/2013	2013-14/8
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AGRICULTURE AND FOOD

Animal Industry

R58-1	Admission and Inspection of Livestock, Poultry and Other Animals	37811	AMD	08/21/2013	2013-14/9
R58-6	Poultry	37248	R&R	03/25/2013	2013-4/6
R58-18	Elk Farming	37246	AMD	03/25/2013	2013-4/12
R58-18	Elk Farming	37850	AMD	09/10/2013	2013-15/15
R58-19	Compliance Procedures	37247	AMD	03/25/2013	2013-4/13
R58-21	Trichomoniasis	36962	AMD	01/04/2013	2012-22/16

Conservation and Resource Management

R64-1	Agriculture Resource Development Loans (ARDL)	37701	NSC	09/30/2013	Not Printed
R64-2	Utah Conservation Commission Proposed Electronic Meetings	37698	5YR	06/04/2013	2013-13/229
R64-2	Utah Conservation Commission Electronic Proposed Meetings	37680	AMD	08/21/2013	2013-13/2

Horse Racing Commission (Utah)

R52-7	Horse Racing	37420	EMR	03/20/2013	2013-8/47
R52-7	Horse Racing	37860	EMR	07/18/2013	2013-16/61
R52-7	Horse Racing	38019	AMD	12/11/2013	2013-20/6

Plant Industry

R68-1	Utah Bee Inspection Act Governing Inspection of Bees	37631	NSC	06/07/2013	Not Printed
R68-2	Utah Commercial Feed Act Governing Feed.	37632	NSC	06/07/2013	Not Printed
R68-5	Grain Inspection	37249	5YR	02/05/2013	2013-5/189
R68-9	Utah Noxious Weed Act	37700	5YR	06/06/2013	2013-13/229
R68-14	Quarantine Pertaining to Gypsy Moth - Lymantria Dispar	37445	5YR	03/27/2013	2013-8/53
R68-16	Quarantine Pertaining to Pine Shoot Beetle, Tomiscus piniperda	37669	5YR	05/30/2013	2013-12/51

Regulatory Services

R70-310	Grade A Pasteurized Milk	37027	AMD	01/29/2013	2012-23/6
R70-320-18	Transport Tanks, Operators	36915	AMD	01/29/2013	2012-21/8
R70-330	Raw Milk for Retail	36914	AMD	01/29/2013	2012-21/9
R70-330	Raw Milk for Retail	37620	EMR	05/14/2013	2013-11/84
R70-330	Raw Milk for Retail	37992	AMD	11/13/2013	2013-19/4
R70-410	Grading and Inspection of Shell Eggs with Standard Grade and Weight Classes	38142	EMR	11/15/2013	2013-23/59
R70-630	Water Vending Machine	38197	5YR	12/19/2013	Not Printed

ALCOHOLIC BEVERAGE CONTROL

Administration

R81-1-9	Liquor Dispensing Systems	37962	AMD	10/30/2013	2013-18/12
R81-1-31	Duties of the Commission Subcommittees	37611	EMR	05/13/2013	2013-11/88
R81-1-31	Duties of Commission Subcommittees	37363	AMD	06/25/2013	2013-6/4
R81-1-31	Duties of Commission Subcommittees	37363	CPR	06/25/2013	2013-10/206
R81-2-12	Store Site Selection	37365	AMD	04/30/2013	2013-6/5
R81-4A-2	Application	37367	AMD	04/30/2013	2013-6/5
R81-4A-2	Application	37615	AMD	07/30/2013	2013-11/6
R81-4A-7	Sale and Purchase of Alcoholic Beverages	38028	AMD	11/26/2013	2013-20/14
R81-4B-2	Application	37368	AMD	04/30/2013	2013-6/6
R81-4C	Limited Restaurant Licenses	37834	5YR	07/10/2013	2013-15/124

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R81-4C-2	Application	37369	AMD	04/30/2013	2013-6/7
R81-4C-2	Application	37616	AMD	07/30/2013	2013-11/7
R81-4C-7	Sale and Purchase of Alcoholic Beverages	38029	AMD	11/26/2013	2013-20/15
R81-4D	On-Premise Banquet License	37835	5YR	07/11/2013	2013-15/125
R81-4D-2	Application	37370	AMD	04/30/2013	2013-6/8
R81-4E-2	Application	37371	AMD	04/30/2013	2013-6/9
R81-4F-2	Application	37372	AMD	04/30/2013	2013-6/10
R81-5-1	Licensing	37617	AMD	09/24/2013	2013-11/8
R81-5-1	Licensing	37617	CPR	09/24/2013	2013-16/54
R81-5-2	Application	37373	AMD	04/30/2013	2013-6/11
R81-5-5	Advertising	37618	AMD	07/30/2013	2013-11/9
R81-5-18	Age Verification - Dining and Social Clubs	37619	NSC	06/07/2013	Not Printed
R81-9-1	Application	37377	AMD	04/30/2013	2013-6/12
R81-10	Off-Premise Beer Retailers	37673	5YR	05/31/2013	2013-12/51
R81-10A-3	Application	37374	AMD	04/30/2013	2013-6/13
R81-10B	Temporary Beer Event Permits	37836	5YR	07/11/2013	2013-15/125
R81-10C-2	Application	37375	AMD	04/30/2013	2013-6/14
R81-10C-6	Sale and Purchase of Beer	38027	AMD	11/26/2013	2013-20/16
R81-10D-2	Application	37376	AMD	04/30/2013	2013-6/15
R81-11-1	Application	37378	AMD	04/30/2013	2013-6/16

CAPITOL PRESERVATION BOARD (STATE)

Administration

R131-2	Capitol Hill Complex Facility Use	37064	AMD	01/07/2013	2012-23/9
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CAREER SERVICE REVIEW OFFICE

Administration

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COMMERCE

Consumer Protection

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Corporations and Commercial Code

R154-100	Utah Administrative Procedures Act Rules	38024	5YR	09/26/2013	2013-20/49
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Occupational and Professional Licensing

R156-1	General Rule of the Division of Occupational and Professional Licensing	37395	NSC	04/01/2013	Not Printed
R156-1	General Rule of the Division of Occupational and Professional Licensing	37754	AMD	08/22/2013	2013-14/21
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R156-3a-102	Definitions	37073	AMD	01/24/2013	2012-24/6
R156-5a	Podiatric Physician Licensing Act Rule	37997	5YR	09/16/2013	2013-19/147
R156-11a	Barber, Cosmetologist/Barber, Esthetician, Electrologist, and Nail Technician Licensing Act Rule	37697	AMD	08/08/2013	2013-13/3
R156-17b	Pharmacy Practice Act Rule	37707	AMD	08/08/2013	2013-13/7
R156-17b	Pharmacy Practice Act Rule	38075	AMD	12/23/2013	2013-22/17
R156-22	Professional Engineers and Professional Land Surveyors Licensing Act Rule	37074	AMD	01/24/2013	2012-24/7
R156-24b-503	Physical Therapist Supervisory Authority and Responsibility	37526	AMD	06/10/2013	2013-9/2
R156-31b	Nurse Practice Act Rule	37417	5YR	03/18/2013	2013-8/53
R156-37	Utah Controlled Substances Act Rule	37040	AMD	01/08/2013	2012-23/18
R156-37-502	Unprofessional Conduct	37175	NSC	01/30/2013	Not Printed
R156-37c	Utah Controlled Substance Precursor Act Rule	37959	5YR	09/03/2013	2013-18/61

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R156-44a	Nurse Midwife Practice Act Rules	37071	AMD	01/22/2013	2012-24/11
R156-46b-202	Informal Adjudicative Proceedings	38021	AMD	11/21/2013	2013-20/21
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R156-49	Dietitian Certification Act Rule	37273	5YR	02/07/2013	2013-5/189
R156-49	Dietitian Certification Act Rule	38074	AMD	12/23/2013	2013-22/41
R156-53	Landscape Architects Licensing Act Rule	37274	5YR	02/07/2013	2013-5/190
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R156-55d	Burglar Alarm Licensing Rule	37943	AMD	10/29/2013	2013-18/14
R156-56-403	Factory Built Housing Dispute Resolution Program	37753	AMD	08/22/2013	2013-14/27
R156-60	Mental Health Professional Practice Act Rule	37948	AMD	10/22/2013	2013-18/16
R156-60b	Marriage and Family Therapist Licensing Act Rule	38068	AMD	12/23/2013	2013-22/42
R156-60d	Substance Use Disorder Counselor Act Rule	38017	AMD	11/21/2013	2013-20/23
R156-61	Psychologist Licensing Act Rule	37965	AMD	11/07/2013	2013-19/7
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R156-63a-102	Definitions	37944	AMD	10/29/2013	2013-18/18
R156-63b	Security Personnel Licensing Act Armored Car Rule	37975	5YR	09/09/2013	2013-19/148
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R156-67-306	Exemptions from Licensure	37270	AMD	04/08/2013	2013-5/10
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R156-68-306	Exemptions from Licensure	37271	AMD	04/08/2013	2013-5/11
R156-69-302b	Qualifications for Licensure - Examination Requirements - Dentist	37706	AMD	08/08/2013	2013-13/24
R156-70a-304	Continuing Education	37705	AMD	08/08/2013	2013-13/25
R156-74	Certified Court Reporters Licensing Act Rule	37958	5YR	09/03/2013	2013-18/61
R156-75	Genetic Counselors Licensing Act Rule	37533	AMD	06/24/2013	2013-10/15
R156-82	Electronic Prescribing Act Rule	37202	NEW	03/11/2013	2013-3/5
R156-82	Electronic Prescribing Act Rule	37396	NSC	04/01/2013	Not Printed
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<u>Real Estate</u>					
R162-2c	Utah Residential Mortgage Practices and Licensing Rules	37678	AMD	08/07/2013	2013-12/9
R162-2c-204	License Renewal, Reinstatement, and Reapplication	37949	AMD	11/20/2013	2013-18/22
R162-2e	Appraisal Management Company Administrative Rules	37677	AMD	08/28/2013	2013-12/19
R162-2f	Real Estate Licensing and Practices Rules	37393	AMD	05/08/2013	2013-7/8
R162-2f	Real Estate Licensing and Practices Rules	37530	AMD	06/21/2013	2013-10/17
R162-2f-403	Trust Accounts	37394	AMD	05/08/2013	2013-7/16
R162-2f-403a	Trust Accounts	37664	NSC	06/24/2013	Not Printed
R162-2g	Real Estate Appraiser Licensing and Certification Administrative Rules	36973	AMD	01/02/2013	2012-22/19
R162-2g	Real Estate Appraiser Licensing and Certification Administrative Rules	37750	AMD	08/21/2013	2013-14/28
R162-2g	Real Estate Appraiser Licensing and Certification Administrative Rules	37865	AMD	10/09/2013	2013-16/4
R162-2g-307d	Instructor Certification for Pre-licensing Education	37950	AMD	10/23/2013	2013-18/25
R162-57a	Timeshare and Camp Resort Rules	37076	AMD	04/02/2013	2012-24/14
<u>Securities</u>					
R164-31	Administrative Fines	37660	5YR	05/28/2013	2013-12/52
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CRIME VICTIM REPARATIONS

Administration

R270-1	Award and Reparation Standards	37061	AMD	01/07/2013	2012-23/27
R270-1	Award and Reparation Standards	37166	NSC	01/30/2013	Not Printed
R270-1	Award and Reparation Standards	37380	AMD	04/22/2013	2013-6/25
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R270-2	Crime Victim Reparations Adjudicative Proceedings	37167	NSC	01/30/2013	Not Printed

EDUCATION

Administration

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R277-104	ADA Complaint Procedure	37626	5YR	05/15/2013	2013-11/97
R277-106	Utah Professional Practices Advisory Commission Appointment Process	37966	5YR	09/09/2013	2013-19/149
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R277-113-5	Required LEA Fiscal Policies	37538	NSC	05/17/2013	Not Printed
R277-116	Utah State Board of Education Internal Audit Procedure	38182	5YR	12/16/2013	2014-1/79
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ABBREVIATIONS

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

KEYWORD AGENCY	FILE NUMBER	CODE REFERENCE	ACTION	EFFECTIVE DATE	BULLETIN ISSUE/PAGE
<u>401 Certification</u> Environmental Quality, Water Quality	37362 37362	R317-15 R317-15	NEW CPR	08/19/2013 08/19/2013	2013-6/44 2013-14/101
<u>access</u> Environmental Quality, Drinking Water	37732	R309-545	NSC	07/09/2013	Not Printed
<u>access control</u> Transportation, Preconstruction	38052	R930-6	R&R	12/09/2013	2013-21/38
<u>access to information</u> Administrative Services, Archives	37653 37654 38062 37659 37658 37655 38064	R17-5 R17-6 R17-6-3 R17-7 R17-7 R17-8 R17-8-2	5YR 5YR AMD 5YR AMD 5YR AMD	05/17/2013 05/17/2013 12/31/2013 05/28/2013 08/15/2013 05/17/2013 12/31/2013	2013-12/49 2013-12/49 2013-22/12 2013-12/50 2013-12/8 2013-12/50 2013-22/13
<u>access to records</u> Public Safety, Criminal Investigations and Technical Services, Criminal Identification	37769	R722-900	R&R	08/21/2013	2013-14/81
<u>accessing records</u> Human Services, Recovery Services	37668	R527-5-3	AMD	07/22/2013	2013-12/30

<u>accreditation</u>						
Education, Administration	37920	R277-410-3	AMD	10/08/2013	2013-17/4	
<u>acquit</u>						
Pardons (Board Of), Administration	37352	R671-519	5YR	02/15/2013	2013-5/217	
	37464	R671-519	AMD	05/22/2013	2013-8/35	
<u>activities</u>						
Education, Administration	38041	R277-494	5YR	10/04/2013	2013-21/71	
	38042	R277-494	AMD	12/09/2013	2013-21/6	
<u>adhesives</u>						
Environmental Quality, Air Quality	37275	R307-342	NEW	08/01/2013	2013-5/17	
	37275	R307-342	CPR	08/01/2013	2013-13/208	
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Environmental Quality, Administration	36554	R305-6	REP	01/31/2013	2012-16/28	
	36554	R305-6	CPR	01/31/2013	2013-1/32	
	36553	R305-7	NEW	01/31/2013	2012-16/45	
	36553	R305-7	CPR	01/31/2013	2013-1/32	
<u>adjudicative proceedings</u>						
Environmental Quality, Drinking Water	37783	R309-115	NSC	07/19/2013	Not Printed	
Environmental Quality, Environmental Response and Remediation	37513	R311-500	NSC	04/29/2013	Not Printed	
Environmental Quality, Radiation Control	37192	R313-17	AMD	03/19/2013	2013-3/40	
Environmental Quality, Solid and Hazardous Waste	37314	R315-12	AMD	04/25/2013	2013-5/101	
Environmental Quality, Water Quality	37239	R317-9	5YR	01/31/2013	2013-4/51	
<u>administrative fines</u>						
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	37042	R164-31-1	AMD	01/08/2013	2012-23/26	
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Human Services, Recovery Services	37113	R527-258	AMD	02/22/2013	2013-2/20	
<u>administrative procedures</u>						
Administrative Services, Administration	37839	R13-1	5YR	07/11/2013	2013-15/123	
Commerce, Corporations and Commercial Code	38024	R154-100	5YR	09/26/2013	2013-20/49	
Commerce, Occupational and Professional Licensing	38021	R156-46b-202	AMD	11/21/2013	2013-20/21	
	38153	R156-46b-202	NSC	12/12/2013	Not Printed	
Commerce, Real Estate	36973	R162-2g	AMD	01/02/2013	2012-22/19	
	37865	R162-2g	AMD	10/09/2013	2013-16/4	
	37950	R162-2g-307d	AMD	10/23/2013	2013-18/25	
Crime Victim Reparations, Administration	37063	R270-2	AMD	01/07/2013	2012-23/33	
	37167	R270-2	NSC	01/30/2013	Not Printed	
Education, Administration	38208	R277-102	EXT	12/31/2013	Not Printed	
Environmental Quality, Administration	36554	R305-6	REP	01/31/2013	2012-16/28	
	36554	R305-6	CPR	01/31/2013	2013-1/32	
	36553	R305-7	NEW	01/31/2013	2012-16/45	
	36553	R305-7	CPR	01/31/2013	2013-1/32	
Environmental Quality, Drinking Water	37781	R309-100	NSC	07/19/2013	Not Printed	
	37858	R309-300	AMD	11/13/2013	2013-15/30	
Environmental Quality, Radiation Control	37192	R313-17	AMD	03/19/2013	2013-3/40	
Environmental Quality, Solid and Hazardous Waste	37306	R315-2	AMD	04/25/2013	2013-5/48	
Human Resource Management, Administration	37571	R477-12	AMD	07/01/2013	2013-10/175	
	37574	R477-15	AMD	07/01/2013	2013-10/180	
Labor Commission, Adjudication	38115	R602-4	5YR	11/08/2013	2013-23/64	
	38112	R602-5	5YR	11/08/2013	2013-23/65	
	38143	R602-5	NSC	12/12/2013	Not Printed	
	38108	R602-6	5YR	11/08/2013	2013-23/65	
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	37139	R612-11	REP	02/25/2013	2013-2/54	
	37140	R612-12	REP	02/25/2013	2013-2/55	
	37141	R612-13	REP	02/25/2013	2013-2/57	
	37124	R612-100	NEW	02/25/2013	2013-2/58	
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<u>administrative proceedings</u>					
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Environmental Quality, Environmental Response and Remediation	37482	R311-201	NSC	04/29/2013	Not Printed
	37513	R311-500	NSC	04/29/2013	Not Printed
Environmental Quality, Solid and Hazardous Waste	37314	R315-12	AMD	04/25/2013	2013-5/101
Environmental Quality, Water Quality	37239	R317-9	5YR	01/31/2013	2013-4/51
Labor Commission, Industrial Accidents	37129	R612-1	REP	02/25/2013	2013-2/28
	37125	R612-200	NEW	02/25/2013	2013-2/62
	37622	R612-200-1	AMD	07/08/2013	2013-11/34
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	37415	R277-702	AMD	05/16/2013	2013-7/26
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	36737	R307-355	CPR	02/01/2013	2013-1/82
	37237	R307-355-5	NSC	02/15/2013	Not Printed
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	37411	R426-2	NEW	05/30/2013	2013-7/32
	38078	R426-2	NSC	11/01/2013	Not Printed
<u>air pollution</u>					

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	36723	R307-101-2	CPR	02/01/2013	2013-1/38
	37702	R307-101-2	NSC	07/09/2013	Not Printed
	37582	R307-101-3	AMD	08/08/2013	2013-11/24
	37261	R307-102	5YR	02/06/2013	2013-5/191
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	37903	R307-110-10	AMD	11/07/2013	2013-17/29
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	37904	R307-110-36	AMD	11/07/2013	2013-17/30
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	37901	R307-123	5YR	08/08/2013	2013-17/50
	37989	R307-123	AMD	12/05/2013	2013-19/45
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	36481	R307-208	CPR	04/10/2013	2012-23/56
	36481	R307-208	CPR	04/10/2013	2013-5/184
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	37257	R307-221	5YR	02/06/2013	2013-5/194
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	37255	R307-223	5YR	02/06/2013	2013-5/195
	37254	R307-224	5YR	02/06/2013	2013-5/195
	37253	R307-250	5YR	02/06/2013	2013-5/196
	36741	R307-307	AMD	02/01/2013	2012-19/42
	36741	R307-307	CPR	02/01/2013	2013-1/45
	37234	R307-307	NSC	02/15/2013	Not Printed
	36740	R307-312	NEW	02/01/2013	2012-19/45
	36740	R307-312	CPR	02/01/2013	2013-1/47
	36725	R307-340	REP	02/01/2013	2012-19/49
	36725	R307-340	CPR	02/01/2013	2013-1/48
	37275	R307-342	NEW	08/01/2013	2013-5/17
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	36738	R307-343	AMD	05/01/2013	2012-19/56
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	36738	R307-343	CPR	05/01/2013	2013-7/44
	36727	R307-345	NEW	02/01/2013	2012-19/67
	36727	R307-345	CPR	02/01/2013	2013-1/54
	36728	R307-346	NEW	02/01/2013	2012-19/69
	36728	R307-346	CPR	02/01/2013	2013-1/57
	36729	R307-347	NEW	02/01/2013	2012-19/71
	36729	R307-347	CPR	02/01/2013	2013-1/59
	36730	R307-348	NEW	02/01/2013	2012-19/73
	36730	R307-348	CPR	02/01/2013	2013-1/61
	36731	R307-349	NEW	02/01/2013	2012-19/74
	36731	R307-349	CPR	02/01/2013	2013-1/63
	36732	R307-350	NEW	02/01/2013	2012-19/76
	36732	R307-350	CPR	02/01/2013	2013-1/65
	37830	R307-350	AMD	12/03/2013	2013-15/24
	37830	R307-350	CPR	12/03/2013	2013-21/68
	36733	R307-351	NEW	02/01/2013	2012-19/80
	36733	R307-351	CPR	02/01/2013	2013-1/69
	38015	R307-351-2	NSC	10/08/2013	Not Printed
	37235	R307-351-4	NSC	02/15/2013	Not Printed
	36734	R307-352	NEW	02/01/2013	2012-19/84
	36734	R307-352	CPR	02/01/2013	2013-1/73
	36735	R307-353	NEW	05/01/2013	2012-19/86
	36735	R307-353	CPR	05/01/2013	2013-1/75
	36735	R307-353	CPR	05/01/2013	2013-7/46
	36736	R307-354	NEW	02/01/2013	2012-19/88
	36736	R307-354	CPR	02/01/2013	2013-1/79
	36737	R307-355	NEW	02/01/2013	2012-19/91
	36737	R307-355	CPR	02/01/2013	2013-1/82
	37237	R307-355-5	NSC	02/15/2013	Not Printed
	37276	R307-357	NEW	08/01/2013	2013-5/22

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	37704	R307-361	CPR	10/31/2013	2013-19/138
	37831	R307-401-7	AMD	10/03/2013	2013-15/27
	37037	R307-401-15	AMD	02/07/2013	2012-23/40
	37236	R307-401-15	NSC	02/15/2013	Not Printed
	37268	R307-401-19	AMD	07/01/2013	2013-5/36
	37268	R307-401-19	CPR	07/01/2013	2013-11/72
	37269	R307-401-20	AMD	07/01/2013	2013-5/36
	37269	R307-401-20	CPR	07/01/2013	2013-11/72
	37265	R307-420	AMD	07/01/2013	2013-5/43
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Administrative Services, Finance	37523	R25-7	5YR	04/15/2013	2013-9/30
	37556	R25-7	AMD	06/21/2013	2013-10/7
	38174	R25-7	EMR	01/01/2014	2014-1/73
<u>airports of regional significance</u>					
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<u>alcoholic beverages</u>					
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	37363	R81-1-31	AMD	06/25/2013	2013-6/4
	37363	R81-1-31	CPR	06/25/2013	2013-10/206
	37365	R81-2-12	AMD	04/30/2013	2013-6/5
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	37615	R81-4A-2	AMD	07/30/2013	2013-11/6
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	37834	R81-4C	5YR	07/10/2013	2013-15/124
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	37835	R81-4D	5YR	07/11/2013	2013-15/125
	37370	R81-4D-2	AMD	04/30/2013	2013-6/8
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	37980	R657-52	AMD	11/07/2013	2013-19/93
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archaeological resources

Regents (Board Of), University of Utah, Museum of Natural History (Utah)	38212	R807-1	EXT	12/31/2013	Not Printed
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architects

Commerce, Occupational and Professional Licensing	37073	R156-3a-102	AMD	01/24/2013	2012-24/6
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architectural coatings

Environmental Quality, Air Quality	37704	R307-361	NEW	10/31/2013	2013-13/64
	37704	R307-361	CPR	10/31/2013	2013-19/138

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Commerce, Occupational and Professional Licensing	37975	R156-63b	5YR	09/09/2013	2013-19/148
	37945	R156-63b-102	AMD	10/29/2013	2013-18/19

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Commerce, Occupational and Professional Licensing	37975	R156-63b	5YR	09/09/2013	2013-19/148
	37945	R156-63b-102	AMD	10/29/2013	2013-18/19

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	37742	R277-490	AMD	08/07/2013	2013-13/48

asbestos

Environmental Quality, Air Quality	37252	R307-801	5YR	02/06/2013	2013-5/197
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asbestos hazard emergency response

Environmental Quality, Air Quality	37252	R307-801	5YR	02/06/2013	2013-5/197
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<u>asphalt</u>						
Environmental Quality, Air Quality	36740	R307-312	NEW	02/01/2013	2012-19/45	
	36740	R307-312	CPR	02/01/2013	2013-1/47	
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Education, Administration	37993	R277-404	5YR	09/13/2013	2013-19/149	
	38002	R277-404	AMD	11/07/2013	2013-19/22	
	38003	R277-405	REP	11/07/2013	2013-19/26	
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Insurance, Administration	37907	R590-250	5YR	08/09/2013	2013-17/56	
<u>athletes</u>						
Education, Administration	37630	R277-614	5YR	05/15/2013	2013-11/99	
	37635	R277-614	AMD	07/08/2013	2013-11/23	
<u>attorney exemption application process</u>						
Insurance, Title and Escrow Commission	38120	R592-8	NSC	12/12/2013	Not Printed	
<u>audit committee</u>						
Education, Administration	37356	R277-113	NEW	04/22/2013	2013-6/28	
	37999	R277-113	AMD	11/07/2013	2013-19/14	
	37538	R277-113-5	NSC	05/17/2013	Not Printed	
<u>autism spectrum disorders</u>						
Health, Family Health and Preparedness, Children with Special Health Care Needs	37809	R398-15	AMD	08/27/2013	2013-14/70	
<u>autism treatment</u>						
Health, Family Health and Preparedness, Children with Special Health Care Needs	37809	R398-15	AMD	08/27/2013	2013-14/70	
<u>automatic fire sprinklers</u>						
Public Safety, Fire Marshal	37443	R710-5	5YR	03/25/2013	2013-8/67	
<u>automotive refinishing</u>						
Environmental Quality, Air Quality	36736	R307-354	NEW	02/01/2013	2012-19/88	
	36736	R307-354	CPR	02/01/2013	2013-1/79	
<u>backflow assembly tester</u>						
Environmental Quality, Drinking Water	37859	R309-305	AMD	11/13/2013	2013-15/36	
<u>background checks</u>						
Human Services, Substance Abuse and Mental Health, State Hospital	37214	R525-5	5YR	01/23/2013	2013-4/57	
	37970	R525-5	NSC	09/30/2013	Not Printed	
<u>background screening</u>						
Health, Family Health and Preparedness, Child Care Licensing	37774	R430-6-3	AMD	09/01/2013	2013-14/71	
Health, Family Health and Preparedness, Licensing	37441	R432-35	5YR	03/25/2013	2013-8/55	
<u>bail bond enforcement agent</u>						
Public Safety, Criminal Investigations and Technical Services, Criminal Identification	37605	R722-310	AMD	07/08/2013	2013-11/55	
<u>bail bond recovery agent</u>						
Public Safety, Criminal Investigations and Technical Services, Criminal Identification	37605	R722-310	AMD	07/08/2013	2013-11/55	
<u>bail bond recovery apprentice</u>						
Public Safety, Criminal Investigations and Technical Services, Criminal Identification	37605	R722-310	AMD	07/08/2013	2013-11/55	
<u>beam limitation</u>						
Environmental Quality, Radiation Control	37183	R313-28	NSC	01/31/2013	Not Printed	
	37867	R313-28-80	AMD	10/15/2013	2013-16/6	

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Agriculture and Food, Plant Industry	37631	R68-1	NSC	06/07/2013	Not Printed	
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Human Services, Services for People with Disabilities	38093	R539-4	AMD	12/30/2013	2013-22/132	
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Labor Commission, Industrial Accidents	37131	R612-3	REP	02/25/2013	2013-2/43	
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	37770	R805-1	AMD	08/21/2013	2013-14/85	
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Natural Resources, Wildlife Resources	37643	R657-44	AMD	07/22/2013	2013-12/31	
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Natural Resources, Wildlife Resources	37982	R657-9	AMD	11/07/2013	2013-19/88	
	37233	R657-20	AMD	04/23/2013	2013-4/26	
	37534	R657-20	NSC	05/17/2013	Not Printed	
<u>board meetings</u>						
Environmental Quality, Administration	37360	R305-2	5YR	02/25/2013	2013-6/50	
<u>board member recusal</u>						
Environmental Quality, Administration	36776	R305-9	NEW	02/22/2013	2012-19/28	
	36776	R305-9	CPR	02/22/2013	2013-2/94	
<u>boards</u>						
Administrative Services, Finance	37521	R25-5	5YR	04/15/2013	2013-9/29	
	37558	R25-5	AMD	06/21/2013	2013-10/6	
<u>boating</u>						
Natural Resources, Parks and Recreation	37601	R651-204	AMD	07/08/2013	2013-11/36	
	37602	R651-214	AMD	07/08/2013	2013-11/37	
	37603	R651-216-8	AMD	07/08/2013	2013-11/39	
	37242	R651-224	AMD	04/12/2013	2013-4/22	
<u>boxing</u>						
Governor, Economic Development, Pete Suazo Utah Athletic Commission	37672	R359-1	AMD	09/13/2013	2013-12/21	
<u>brachytherapy</u>						
Environmental Quality, Radiation Control	37184	R313-32	NSC	01/31/2013	Not Printed	
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Human Resource Management, Administration	37567	R477-8	AMD	07/01/2013	2013-10/167	
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Environmental Quality, Radiation Control	37195	R313-22	AMD	03/19/2013	2013-3/56	
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Governor, Economic Development	37206	R357-2	EXT	01/16/2013	2013-4/63	
	37204	R357-2	REP	05/01/2013	2013-3/96	
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	38100	R414-304	AMD	01/01/2014	2013-22/82	
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Commerce, Occupational and Professional Licensing	37753	R156-56-403	AMD	08/22/2013	2013-14/27	
<u>building inspectors</u>						
Commerce, Occupational and Professional Licensing	37753	R156-56-403	AMD	08/22/2013	2013-14/27	

<u>bulls</u> Agriculture and Food, Animal Industry	36962	R58-21	AMD	01/04/2013	2012-22/16
<u>bullying</u> Education, Administration	37891 37928	R277-613 R277-613	5YR AMD	08/02/2013 10/08/2013	2013-17/49 2013-17/23
<u>burglar alarms</u> Commerce, Occupational and Professional Licensing	37943	R156-55d	AMD	10/29/2013	2013-18/14
<u>buses</u> Education, Administration	38209	R277-601	EXT	12/31/2013	Not Printed
<u>C decal</u> Transportation, Program Development	38194	R926-11	5YR	12/18/2013	Not Printed
<u>C decals</u> Transportation, Program Development	38056	R926-11	AMD	12/09/2013	2013-21/30
<u>C permit</u> Transportation, Program Development	38194	R926-11	5YR	12/18/2013	Not Printed
<u>C permits</u> Transportation, Program Development	38056	R926-11	AMD	12/09/2013	2013-21/30
<u>camp resort</u> Commerce, Real Estate	37076	R162-57a	AMD	04/02/2013	2012-24/14
<u>capacity development</u> Environmental Quality, Drinking Water	37747	R309-800	NSC	07/09/2013	Not Printed
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<u>care receiver</u> Human Services, Aging and Adult Services	38070	R510-401-6	NSC	11/06/2013	Not Printed
<u>career and technical education</u> Education, Administration	37399	R277-518	5YR	03/12/2013	2013-7/61
<u>career development courses</u> Public Safety, Peace Officer Standards and Training	37805	R728-501	5YR	06/28/2013	2013-14/118
<u>caregiver</u> Human Services, Aging and Adult Services	38070	R510-401-6	NSC	11/06/2013	Not Printed
<u>case management</u> Health, Health Care Financing, Coverage and Reimbursement Policy	37391	R414-6	5YR	03/08/2013	2013-7/65
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	37520	R616-1	NSC	04/29/2013	Not Printed

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	37624	R909-19-7	EMR	05/14/2013	2013-11/93

certified court reporter

Commerce, Occupational and Professional Licensing	37958	R156-74	5YR	09/03/2013	2013-18/61
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Heritage and Arts, Arts and Museums, Museum Services	38214	R452-100	5YR	12/31/2013	Not Printed
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certified nurse midwife

Commerce, Occupational and Professional Licensing	37071	R156-44a	AMD	01/22/2013	2012-24/11
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Environmental Quality, Air Quality	36480	R307-303	NEW	04/10/2013	2012-15/13
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	36480	R307-303	CPR	04/10/2013	2013-5/186

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	37923	R277-470	AMD	10/08/2013	2013-17/7
	37886	R277-481	5YR	08/02/2013	2013-17/46
	37924	R277-481	AMD	10/08/2013	2013-17/10

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	37503	R512-201	5YR	04/08/2013	2013-9/36
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	37639	R512-300	5YR	05/16/2013	2013-12/55
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Health, Family Health and Preparedness, Child Care Licensing	37778	R430-70-7	AMD	09/01/2013	2013-14/76
	37780	R430-100-7	AMD	09/01/2013	2013-14/79
Workforce Services, Employment Development	37025	R986-700-710	AMD	01/02/2013	2012-22/146

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Health, Family Health and Preparedness, Child Care Licensing	37778	R430-70-7	AMD	09/01/2013	2013-14/76
	37780	R430-100-7	AMD	09/01/2013	2013-14/79

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Health, Family Health and Preparedness, Child Care Licensing	37774	R430-6-3	AMD	09/01/2013	2013-14/71
	37661	R430-50	5YR	05/29/2013	2013-12/53
	37775	R430-50-7	AMD	09/01/2013	2013-14/73
	37662	R430-60	5YR	05/29/2013	2013-12/54
	37777	R430-60-7	AMD	09/01/2013	2013-14/74
	37778	R430-70-7	AMD	09/01/2013	2013-14/76
	37663	R430-90	5YR	05/29/2013	2013-12/54
	37779	R430-90-7	AMD	09/01/2013	2013-14/77
	37780	R430-100-7	AMD	09/01/2013	2013-14/79

child placing

Human Services, Administration, Administrative Services, Licensing	37900	R501-7	AMD	11/27/2013	2013-17/35
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child support

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Human Services, Recovery Services	37229	R527-38	AMD	03/25/2013	2013-4/20

	37164	R527-39	5YR	01/02/2013	2013-3/110
	37165	R527-56	5YR	01/02/2013	2013-3/110
	37113	R527-258	AMD	02/22/2013	2013-2/20
	37303	R527-260	5YR	02/14/2013	2013-5/210
	37304	R527-301	5YR	02/14/2013	2013-5/211
	37231	R527-302	5YR	01/28/2013	2013-4/59
	37168	R527-305	5YR	01/03/2013	2013-3/111
	37169	R527-430	5YR	01/03/2013	2013-3/111
	37506	R527-475	5YR	04/08/2013	2013-9/37
	37550	R527-920	5YR	04/29/2013	2013-10/214
<u>child welfare</u>					
Human Services, Child and Family Services	37645	R512-41	AMD	07/22/2013	2013-12/24
	37527	R512-52	REP	06/21/2013	2013-10/182
	37501	R512-100	5YR	04/08/2013	2013-9/35
	37502	R512-200	5YR	04/08/2013	2013-9/35
	37503	R512-201	5YR	04/08/2013	2013-9/36
	37504	R512-202	5YR	04/08/2013	2013-9/36
	37639	R512-300	5YR	05/16/2013	2013-12/55
	37640	R512-301	5YR	05/16/2013	2013-12/55
	37641	R512-302	5YR	05/16/2013	2013-12/56
	37646	R512-302	AMD	07/22/2013	2013-12/27
	37642	R512-305	5YR	05/16/2013	2013-12/56
	37931	R512-309	5YR	08/15/2013	2013-17/54
	37505	R512-500	5YR	04/08/2013	2013-9/37
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	37610	R382-10	5YR	05/09/2013	2013-11/100
	37879	R382-10	AMD	10/01/2013	2013-16/10
	38096	R382-10	AMD	01/01/2014	2013-22/60
<u>CHIP</u>					
Health, Health Care Financing, Coverage and Reimbursement Policy	38211	R414-320	EMR	01/01/2014	Not Printed
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Health, Health Care Financing, Coverage and Reimbursement Policy	38162	R414-99	5YR	12/02/2013	2013-24/46
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Corrections, Administration	37389	R251-114	5YR	03/07/2013	2013-7/61
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Health, Health Care Financing, Coverage and Reimbursement Policy	38044	R414-302	AMD	01/01/2014	2013-21/10
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Natural Resources, Administration	37219	R634-1	5YR	01/23/2013	2013-4/59
<u>clean fuel</u>					
Transportation, Program Development	38056	R926-11	AMD	12/09/2013	2013-21/30
<u>clean fuels</u>					
Transportation, Program Development	38194	R926-11	5YR	12/18/2013	Not Printed
<u>Clean Water Act</u>					
Environmental Quality, Water Quality	37362	R317-15	NEW	08/19/2013	2013-6/44
	37362	R317-15	CPR	08/19/2013	2013-14/101
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Environmental Quality, Water Quality	37854	R317-6	AMD	09/24/2013	2013-15/85
	37961	R317-6-6	AMD	10/24/2013	2013-18/26
<u>client rights</u>					
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	38042	R277-494	AMD	12/09/2013	2013-21/6
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Natural Resources, Oil, Gas and Mining; Coal	37473	R645-101	5YR	04/02/2013	2013-9/39
	37466	R645-102	5YR	04/01/2013	2013-8/64
	37474	R645-104	5YR	04/02/2013	2013-9/40
	37475	R645-401	5YR	04/02/2013	2013-9/40
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Environmental Quality, Air Quality	36738	R307-343	AMD	05/01/2013	2012-19/56
	36738	R307-343	CPR	05/01/2013	2013-1/49
	36738	R307-343	CPR	05/01/2013	2013-7/44
	36731	R307-349	NEW	02/01/2013	2012-19/74
	36731	R307-349	CPR	02/01/2013	2013-1/63
	36732	R307-350	NEW	02/01/2013	2012-19/76
	36732	R307-350	CPR	02/01/2013	2013-1/65
	37830	R307-350	AMD	12/03/2013	2013-15/24
	37830	R307-350	CPR	12/03/2013	2013-21/68
	36735	R307-353	NEW	05/01/2013	2012-19/86
	36735	R307-353	CPR	05/01/2013	2013-1/75
	36735	R307-353	CPR	05/01/2013	2013-7/46
	36736	R307-354	NEW	02/01/2013	2012-19/88
	36736	R307-354	CPR	02/01/2013	2013-1/79
	36737	R307-355	CPR	02/01/2013	2013-1/82
	37237	R307-355-5	NSC	02/15/2013	Not Printed
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Environmental Quality, Air Quality	36734	R307-352	NEW	02/01/2013	2012-19/84
	36734	R307-352	CPR	02/01/2013	2013-1/73
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Regents (Board Of), Administration	37553	R765-555	5YR	04/29/2013	2013-10/217
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<u>commercial cooking</u>					
Environmental Quality, Air Quality	36480	R307-303	NEW	04/10/2013	2012-15/13
	36480	R307-303	CPR	04/10/2013	2012-23/60
	36480	R307-303	CPR	04/10/2013	2013-5/186
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Insurance, Administration	37172	R590-243	5YR	01/07/2013	2013-3/113
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Science Technology and Research Governing Auth., Administration	37964	R856-2	NSC	09/30/2013	Not Printed
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Workforce Services, Housing and Community Development	37542	R990-101	AMD	07/01/2013	2013-10/201
<u>commutation</u>					
Pardons (Board Of), Administration	37439	R671-312A	NEW	05/22/2013	2013-8/18
	37440	R671-312B	NEW	05/22/2013	2013-8/20
<u>competency</u>					
Education, Administration	38001	R277-403	AMD	11/07/2013	2013-19/19

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Education, Administration	37626	R277-104	5YR	05/15/2013	2013-11/97	
Human Services, Substance Abuse and Mental Health, State Hospital	37213	R525-7	5YR	01/23/2013	2013-4/58	
	37972	R525-7	NSC	09/30/2013	Not Printed	
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	37784	R309-210	NSC	07/19/2013	Not Printed	
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	37972	R525-7	NSC	09/30/2013	Not Printed	
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	38127	R686-100-1	NSC	12/12/2013	Not Printed	
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	37465	R671-520	AMD	05/22/2013	2013-8/36	
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	37740	R277-487	AMD	08/07/2013	2013-13/43	
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Environmental Quality, Administration	36776	R305-9	NEW	02/22/2013	2012-19/28	
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<u>consumer confidence report</u>						
Environmental Quality, Drinking Water	37787	R309-225	NSC	07/19/2013	Not Printed	
<u>consumer products</u>						
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	37410	R426-6	NEW	05/30/2013	2013-7/36
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	36727	R307-345	NEW	02/01/2013	2012-19/67
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	36732	R307-350	NEW	02/01/2013	2012-19/76
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	37264	R307-403-2	AMD	07/01/2013	2013-5/39	
	37264	R307-403-2	CPR	07/01/2013	2013-11/74	
	37266	R307-403-10	AMD	07/01/2013	2013-5/42	
	37266	R307-403-10	CPR	07/01/2013	2013-11/77	
	37267	R307-403-11	AMD	07/01/2013	2013-5/43	
	37267	R307-403-11	CPR	07/01/2013	2013-11/77	
<u>nonprofit</u>						
Heritage and Arts, Arts and Museums, Museum Services	37846	R452-200	EMR	07/15/2013	2013-15/121	
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Education, Administration	37920	R277-410-3	AMD	10/08/2013	2013-17/4	
<u>notification requirements</u>						
Commerce, Real Estate	37393	R162-2f	AMD	05/08/2013	2013-7/8	
	37530	R162-2f	AMD	06/21/2013	2013-10/17	
	37394	R162-2f-403	AMD	05/08/2013	2013-7/16	
	37664	R162-2f-403a	NSC	06/24/2013	Not Printed	
<u>NPIP</u>						
Agriculture and Food, Animal Industry	37248	R58-6	R&R	03/25/2013	2013-4/6	
<u>nuclear medicine</u>						
Environmental Quality, Radiation Control	37184	R313-32	NSC	01/31/2013	Not Printed	
<u>nurses</u>						
Commerce, Occupational and Professional Licensing	37417	R156-31b	5YR	03/18/2013	2013-8/53	
<u>nursing facility</u>						
Health, Health Care Financing, Coverage and Reimbursement Policy	37576	R414-401-3	AMD	07/01/2013	2013-10/146	
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Education, Administration	37406	R277-719	5YR	03/12/2013	2013-7/65	
Human Services, Aging and Adult Services	37228	R510-104-11	AMD	04/15/2013	2013-4/18	
<u>occupational licensing</u>						
Commerce, Occupational and Professional Licensing	38021	R156-46b-202	AMD	11/21/2013	2013-20/21	
	38153	R156-46b-202	NSC	12/12/2013	Not Printed	
	37364	R156-55a	AMD	04/22/2013	2013-6/17	
	37533	R156-75	AMD	06/24/2013	2013-10/15	
Environmental Quality, Water Quality	37812	R317-11	AMD	09/01/2013	2013-14/54	
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Natural Resources, Parks and Recreation	37519	R651-407	5YR	04/12/2013	2013-9/43	
	36856	R651-408	REP	01/15/2013	2012-20/77	
	37762	R651-601	5YR	06/25/2013	2013-14/107	
	37794	R651-615	5YR	06/27/2013	2013-14/113	

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Environmental Quality, Air Quality	37263	R307-403-1	AMD	07/01/2013	2013-5/37
	37263	R307-403-1	CPR	07/01/2013	2013-11/73
	37987	R307-403-1	AMD	12/05/2013	2013-19/47
	37264	R307-403-2	AMD	07/01/2013	2013-5/39
	37264	R307-403-2	CPR	07/01/2013	2013-11/74
	37266	R307-403-10	AMD	07/01/2013	2013-5/42
	37266	R307-403-10	CPR	07/01/2013	2013-11/77
	37267	R307-403-11	AMD	07/01/2013	2013-5/43
	37267	R307-403-11	CPR	07/01/2013	2013-11/77
	37265	R307-420	AMD	07/01/2013	2013-5/43
	37265	R307-420	CPR	07/01/2013	2013-11/78
<u>oil and gas law</u>					
Natural Resources, Oil, Gas and Mining; Oil and Gas	37444	R649-1-1	NSC	04/15/2013	Not Printed
	36992	R649-3-38	AMD	01/23/2013	2012-22/140
	37479	R649-6	5YR	04/02/2013	2013-9/43
	37545	R649-9	R&R	07/01/2013	2013-10/183
	37826	R649-9-8	NSC	07/26/2013	Not Printed
	37825	R649-9-10	NSC	07/26/2013	Not Printed
<u>OMS</u>					
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Commerce, Occupational and Professional Licensing	37942	R156-83	AMD	10/22/2013	2013-18/21
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Education, Administration	38000	R277-402	REP	11/07/2013	2013-19/17
<u>onsite professional</u>					
Environmental Quality, Water Quality	37812	R317-11	AMD	09/01/2013	2013-14/54
<u>onsite wastewater systems</u>					
Environmental Quality, Water Quality	37575	R317-4	R&R	09/01/2013	2013-10/27
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Environmental Quality, Drinking Water	37727	R309-520	AMD	08/28/2013	2013-13/93
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	37530	R162-2f	AMD	06/21/2013	2013-10/17
	37394	R162-2f-403	AMD	05/08/2013	2013-7/16
	37664	R162-2f-403a	NSC	06/24/2013	Not Printed
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Commerce, Occupational and Professional Licensing	37272	R156-68	5YR	02/07/2013	2013-5/191	
	37271	R156-68-306	AMD	04/08/2013	2013-5/11	
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Commerce, Occupational and Professional Licensing	37272	R156-68	5YR	02/07/2013	2013-5/191	
	37271	R156-68-306	AMD	04/08/2013	2013-5/11	
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<u>outdoor wood boilers</u>						
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	36481	R307-208	CPR	04/10/2013	2012-23/56	
	36481	R307-208	CPR	04/10/2013	2013-5/184	
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	37024	R994-406	AMD	01/02/2013	2012-22/148	
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	36725	R307-340	REP	02/01/2013	2012-19/49	
	36725	R307-340	CPR	02/01/2013	2013-1/48	
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Environmental Quality, Air Quality	36726	R307-344	NEW	02/01/2013	2012-19/65	
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	37098	R810-1-14	AMD	03/21/2013	2013-1/13
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	37766	R651-604	5YR	06/25/2013	2013-14/109
	37767	R651-605	5YR	06/25/2013	2013-14/109
	37771	R651-606	5YR	06/27/2013	2013-14/110
	37772	R651-607	5YR	06/27/2013	2013-14/110
	37776	R651-608	5YR	06/27/2013	2013-14/111
	37790	R651-609	5YR	06/27/2013	2013-14/111
	37791	R651-610	5YR	06/27/2013	2013-14/112
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	37800	R651-617	5YR	06/27/2013	2013-14/114
	37801	R651-618	5YR	06/27/2013	2013-14/115
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	37804	R651-621	5YR	06/27/2013	2013-14/116
	37813	R651-622	5YR	07/02/2013	2013-15/128
	37814	R651-623	5YR	07/05/2013	2013-15/129
	37815	R651-624	5YR	07/05/2013	2013-15/129
	37816	R651-625	5YR	07/05/2013	2013-15/130
	37817	R651-626	5YR	07/05/2013	2013-15/130
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	37344	R671-512	5YR	02/15/2013	2013-5/213
	37458	R671-512	AMD	05/22/2013	2013-8/27
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	37459	R671-513	AMD	05/22/2013	2013-8/28
	37347	R671-514	5YR	02/15/2013	2013-5/214
	37460	R671-514	AMD	05/22/2013	2013-8/29
	37348	R671-515	5YR	02/15/2013	2013-5/215
	37461	R671-515	AMD	05/22/2013	2013-8/31
	37349	R671-516	5YR	02/15/2013	2013-5/215
	37462	R671-516	AMD	05/22/2013	2013-8/32
	37350	R671-517	5YR	02/15/2013	2013-5/216

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	37234	R307-307	NSC	02/15/2013	Not Printed
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	37967	R525-2	NSC	09/30/2013	Not Printed
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	37797	R309-405	AMD	10/12/2013	2013-14/51
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	37484	R311-204	NSC	04/29/2013	Not Printed
	37485	R311-205	NSC	04/29/2013	Not Printed
	37486	R311-206	NSC	04/29/2013	Not Printed
	37579	R311-207	NSC	05/17/2013	Not Printed
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	37432	R436-14	5YR	03/21/2013	2013-8/61
	37433	R436-15	5YR	03/21/2013	2013-8/62
	37434	R436-16	5YR	03/21/2013	2013-8/62
	37435	R436-17	5YR	03/21/2013	2013-8/63

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Environmental Quality, Air Quality	36480	R307-303	NEW	04/10/2013	2012-15/13
	36480	R307-303	CPR	04/10/2013	2012-23/60
	36480	R307-303	CPR	04/10/2013	2013-5/186
	36733	R307-351	NEW	02/01/2013	2012-19/80
	36733	R307-351	CPR	02/01/2013	2013-1/69
	38015	R307-351-2	NSC	10/08/2013	Not Printed
	37235	R307-351-4	NSC	02/15/2013	Not Printed
	36736	R307-354	NEW	02/01/2013	2012-19/88
	36736	R307-354	CPR	02/01/2013	2013-1/79

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Environmental Quality, Air Quality	36726	R307-344	NEW	02/01/2013	2012-19/65
	36726	R307-344	CPR	02/01/2013	2013-1/52

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Education, Rehabilitation	37500	R280-200	5YR	04/08/2013	2013-9/34
	37512	R280-200	AMD	06/07/2013	2013-9/12

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Workforce Services, Unemployment Insurance	37544	R994-208	5YR	04/25/2013	2013-10/219
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<u>waivers</u>					
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Labor Commission, Industrial Accidents	37127	R612-400	NEW	02/25/2013	2013-2/76
	38072	R612-400-5	AMD	12/23/2013	2013-22/146
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Pardons (Board Of), Administration	37343	R671-510	5YR	02/15/2013	2013-5/212
	37457	R671-510	AMD	05/22/2013	2013-8/26
	37344	R671-512	5YR	02/15/2013	2013-5/213
	37458	R671-512	AMD	05/22/2013	2013-8/27
	37346	R671-513	5YR	02/15/2013	2013-5/214
	37459	R671-513	AMD	05/22/2013	2013-8/28
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Environmental Quality, Radiation Control	37191	R313-15	AMD	03/19/2013	2013-3/18
Environmental Quality, Solid and Hazardous Waste	37282	R315-301	5YR	02/13/2013	2013-5/198
	37322	R315-301	AMD	04/25/2013	2013-5/116
	37283	R315-302	5YR	02/13/2013	2013-5/198
	37323	R315-302	AMD	04/25/2013	2013-5/122
	37284	R315-303	5YR	02/13/2013	2013-5/199
	37324	R315-303	AMD	04/25/2013	2013-5/127
	37285	R315-304	5YR	02/13/2013	2013-5/200
	37325	R315-304	AMD	04/25/2013	2013-5/132
	37286	R315-305	5YR	02/13/2013	2013-5/200
	37326	R315-305	AMD	04/25/2013	2013-5/134
	37287	R315-306	5YR	02/13/2013	2013-5/201
	37327	R315-306	AMD	04/25/2013	2013-5/136
	37288	R315-307	5YR	02/13/2013	2013-5/201
	37328	R315-307-3	AMD	04/25/2013	2013-5/138
	37289	R315-308	5YR	02/13/2013	2013-5/202
	37329	R315-308	AMD	04/25/2013	2013-5/139
	37290	R315-309	5YR	02/13/2013	2013-5/202
	37330	R315-309	AMD	04/25/2013	2013-5/144
	37291	R315-310	5YR	02/13/2013	2013-5/203
	37331	R315-310	AMD	04/25/2013	2013-5/151
	37292	R315-311	5YR	02/13/2013	2013-5/204
	37332	R315-311	AMD	04/25/2013	2013-5/155
	37293	R315-312	5YR	02/13/2013	2013-5/204
	37333	R315-312	AMD	04/25/2013	2013-5/157
	37295	R315-314	5YR	02/13/2013	2013-5/205
	37335	R315-314	AMD	04/25/2013	2013-5/160
	37296	R315-315	5YR	02/13/2013	2013-5/206
	37336	R315-315	AMD	04/25/2013	2013-5/163
	37297	R315-316	5YR	02/13/2013	2013-5/206
	37337	R315-316	AMD	04/25/2013	2013-5/165
	37298	R315-317	5YR	02/13/2013	2013-5/207
	37338	R315-317	AMD	04/25/2013	2013-5/167
	37480	R315-317	NSC	04/29/2013	Not Printed
	37299	R315-318	5YR	02/13/2013	2013-5/208
	37339	R315-318	AMD	04/25/2013	2013-5/168
	37300	R315-320	5YR	02/13/2013	2013-5/208
	37340	R315-320	AMD	04/25/2013	2013-5/169
Environmental Quality, Water Quality	37851	R317-1	AMD	09/24/2013	2013-15/41
	37366	R317-1-1	AMD	08/19/2013	2013-6/32
	37366	R317-1-1	CPR	08/19/2013	2013-14/92
	37240	R317-13	5YR	01/31/2013	2013-4/51
	38065	R317-13	NSC	11/04/2013	Not Printed
<u>waste to energy plant</u>					
Environmental Quality, Air Quality	37255	R307-223	5YR	02/06/2013	2013-5/195
<u>waste water</u>					
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	37241	R317-14	5YR	01/31/2013	2013-4/52
	38066	R317-14	NSC	11/04/2013	Not Printed
	37448	R317-101	5YR	03/28/2013	2013-8/54
	37857	R317-401	AMD	09/24/2013	2013-15/108

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Public Service Commission, Administration	37385	R746-330	5YR	03/05/2013	2013-7/68
	37451	R746-332	5YR	03/28/2013	2013-8/68

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Environmental Quality, Drinking Water	37724	R309-510	AMD	08/28/2013	2013-13/77
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Environmental Quality, Water Quality	37851	R317-1	AMD	09/24/2013	2013-15/41
	37366	R317-1-1	AMD	08/19/2013	2013-6/32
	37366	R317-1-1	CPR	08/19/2013	2013-14/92
	37361	R317-2	AMD	08/19/2013	2013-6/34
	37361	R317-2	CPR	08/19/2013	2013-14/94
	37852	R317-3	AMD	09/24/2013	2013-15/45
	37853	R317-5	AMD	09/24/2013	2013-15/80
	37581	R317-8	AMD	07/01/2013	2013-10/59
	37856	R317-12	AMD	09/24/2013	2013-15/107
	37240	R317-13	5YR	01/31/2013	2013-4/51
	38065	R317-13	NSC	11/04/2013	Not Printed

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	37855	R317-7	AMD	09/24/2013	2013-15/96
	37448	R317-101	5YR	03/28/2013	2013-8/54
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	37362	R317-15	CPR	08/19/2013	2013-14/101

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	37361	R317-2	CPR	08/19/2013	2013-14/94

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Health, Disease Control and Prevention, Environmental Services	37072	R392-302-3	AMD	02/28/2013	2012-24/26
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Environmental Quality, Drinking Water	37796	R309-400	AMD	10/12/2013	2013-14/45
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Natural Resources, Wildlife Resources	37982	R657-9	AMD	11/07/2013	2013-19/88
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Environmental Quality, Drinking Water	37795	R309-105	AMD	10/12/2013	2013-14/39
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Human Services, Substance Abuse and Mental Health, State Hospital	37212	R525-6	5YR	01/23/2013	2013-4/58
	37971	R525-6	NSC	09/30/2013	Not Printed

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Agriculture and Food, Plant Industry	37700	R68-9	5YR	06/06/2013	2013-13/229
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Environmental Quality, Radiation Control	37187	R313-38	NSC	01/31/2013	Not Printed
	38043	R313-38	5YR	10/07/2013	2013-21/72

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	37982	R657-9	AMD	11/07/2013	2013-19/88
	37978	R657-10	AMD	11/07/2013	2013-19/90
	37977	R657-11	AMD	11/07/2013	2013-19/91
	37225	R657-12	AMD	04/23/2013	2013-4/24
	37069	R657-13	AMD	01/22/2013	2012-24/29
	37893	R657-19	5YR	08/05/2013	2013-17/58
	37233	R657-20	AMD	04/23/2013	2013-4/26
	37534	R657-20	NSC	05/17/2013	Not Printed
	37592	R657-34	5YR	05/06/2013	2013-11/103
	37097	R657-37	AMD	02/07/2013	2013-1/11
	37593	R657-37	5YR	05/06/2013	2013-11/104
	37594	R657-42	5YR	05/06/2013	2013-11/104
	37643	R657-44	AMD	07/22/2013	2013-12/31
	37980	R657-52	AMD	11/07/2013	2013-19/93
	37667	R657-53	5YR	05/30/2013	2013-12/57
	37894	R657-57	5YR	08/05/2013	2013-17/58
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	37895	R657-59	5YR	08/05/2013	2013-17/59
	37896	R657-60	5YR	08/05/2013	2013-17/59
	37981	R657-60	AMD	11/07/2013	2013-19/96
	38148	R657-61	5YR	11/18/2013	2013-24/47
	37609	R657-64	AMD	07/08/2013	2013-11/48
	37716	R657-65	NEW	08/08/2013	2013-13/195
	37979	R657-66	NEW	11/07/2013	2013-19/98

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	37069	R657-13	AMD	01/22/2013	2012-24/29
	37203	R657-58	5YR	01/15/2013	2013-3/114
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	37981	R657-60	AMD	11/07/2013	2013-19/96
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	36738	R307-343	CPR	05/01/2013	2013-1/49
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	38112	R602-5	5YR	11/08/2013	2013-23/65
	38143	R602-5	NSC	12/12/2013	Not Printed
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	37131	R612-3	REP	02/25/2013	2013-2/43
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	37140	R612-12	REP	02/25/2013	2013-2/55
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	37124	R612-100	NEW	02/25/2013	2013-2/58
	37125	R612-200	NEW	02/25/2013	2013-2/62
	37622	R612-200-1	AMD	07/08/2013	2013-11/34
	37126	R612-300	NEW	02/25/2013	2013-2/66
	38036	R612-300	R&R	11/22/2013	2013-20/26
	37127	R612-400	NEW	02/25/2013	2013-2/76
	38072	R612-400-5	AMD	12/23/2013	2013-22/146
	37128	R612-500	NEW	02/25/2013	2013-2/79
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	37183	R313-28	NSC	01/31/2013	Not Printed
	37867	R313-28-80	AMD	10/15/2013	2013-16/6
	37197	R313-30	AMD	03/19/2013	2013-3/76
	38040	R313-30	5YR	10/04/2013	2013-21/72
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	37188	R313-70	NSC	01/31/2013	Not Printed
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	37980	R657-52	AMD	11/07/2013	2013-19/93