

DMHF Rules Matrix 12-18-14

Rule; (What It Does); Comments.	File	Effective
<p>R414-310 Medicaid Primary Care Network Demonstration Waiver; This amendment is necessary because the Office of Refugee Resettlement (ORR) and the Centers for Medicare and Medicaid Services (CMS) recommend the Department enroll eligible refugees in the Refugee Medical Assistance program (RMA) instead of the Primary Care Network (PCN) to better serve the refugee population and to protect public health in the communities of Utah. This amendment, therefore, clarifies that individuals who are eligible for RMA without a spenddown are not eligible for PCN. It also clarifies eligibility decisions and reviews for the RMA program at the time of application.</p>	<p>10-28-14</p>	<p>12-22-14</p>
<p>R414-61 Home and Community-Based Services Waivers (Five-Year Review); The Department will continue this rule because it implements the administration of home and community-based services for Medicaid recipients.</p>	<p>10-30-14</p>	<p>10-30-14</p>
<p>R414-320 Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver; This amendment is necessary because the Office of Refugee Resettlement (ORR) and the Centers for Medicare and Medicaid Services (CMS) recommend the Department enroll eligible refugees in the Refugee Medical Assistance program (RMA) instead of Utah's Premium Partnership for Health Insurance (UPP) to better serve the refugee population and to protect public health in the communities of Utah. This amendment, therefore, clarifies that individuals who are eligible for RMA without a spenddown are not eligible for UPP. It also clarifies eligibility decisions and reviews for the RMA program at the time of application.</p>	<p>10-30-14</p>	<p>12-22-14</p>
<p>R414-11 Podiatric Services; The purpose of this change is to consolidate the scope of podiatric services for Medicaid recipients. This amendment, therefore, removes sections in the rule text that specify reimbursement, eligibility, and service coverage, and defers to the scope of services found in the Podiatric Services Utah Medicaid Provider Manual and in the Medicaid State Plan.</p>	<p>11-13-14</p>	<p>1-7-15</p>
<p>R382-10-18 Enrollment Period; The purpose of this change is to comply with provisions of the Patient Protection and Affordable Care Act in regard to completing an ex parte review for the Children's Health Insurance Program (CHIP). This amendment, therefore, allows CHIP coverage to end if the eligibility agency completes an ex parte review and requests verification of health coverage, and the enrollee fails to verify creditable health coverage or is determined to have access to health insurance.</p>	<p>11-21-14</p>	<p>2-1-15</p>
<p>R414-310-7 Household Composition and Income Provisions; By legislative request, the income limit for the Primary Care Network (PCN) program will decrease from 100% of the Federal Poverty Level (FPL) to 95% of FPL. This decrease will allow those PCN recipients who lose coverage due to the income limit change to receive better, more comprehensive medical coverage through the Federally Facilitated Marketplace (FFM).</p>	<p>12-1-14</p>	<p>2-1-15</p>
<p>R414-19A Coverage for Dialysis Services by a Free-Standing State Licensed Dialysis Facility; This amendment updates the Medicaid agency name, correctly cites federal statutes, removes an unnecessary incorporation by reference, and makes other technical changes.</p>	<p>12-11-14</p>	<p>2-9-15</p>

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-310
B. Title of Rule or Section	Medicaid Primary Care Network Demonstration Waiver
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Dave Baldwin
E. Telephone:	(801) 538-7020

II. Notice of Proposed Rule or Change

3. Type of notice:													
Proposed rules	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>	Repeal							
	<input type="checkbox"/>	Repeal and reenact											
Other rule types	<input type="checkbox"/>	Change in proposed rule	(changes original proposed rule file no.:		<input type="text"/>)							
4. Purpose of the rule or reason for the change: This amendment is necessary because the Office of Refugee Resettlement (ORR) and the Centers for Medicare and Medicaid Services (CMS) recommend the Department enroll eligible refugees in the Refugee Medical Assistance program (RMA) instead of the Primary Care Network (PCN) to better serve the refugee population and to protect public health in the communities of Utah.													
5. This rule or change is a response to comments by the Administrative Rules Review Committee.				<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	X	<input type="checkbox"/>	No				
6. Summary of the rule or change: This amendment clarifies that individuals who are eligible for RMA without a spenddown are not eligible for PCN. It also clarifies eligibility decisions and reviews for the RMA program at the time of application.													
7. AGGREGATE anticipated cost or savings to:													
State budget:	There is no impact to the state budget because the RMA program is 100% federally funded.												
Local government:	There is no impact to local governments because they neither fund nor provide Medicaid and PCN services to Medicaid and PCN recipients.												
Small businesses (fewer than 50 employees)	There is no impact because this rule does not impose new costs or requirements on small businesses, and any increase or loss in revenue as a result of clients changing programs is negligible.												
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact because this rule does not impose new costs or requirements on providers of Medicaid and PCN services, and any increase or loss in revenue as a result of clients changing programs is negligible. Some clients may see nominal savings with more available refugee services, but there is no data to estimate those savings at this time.												
8. Compliance costs for affected persons ("person" means any SINGLE individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency): There are no compliance costs because this rule does not impose new costs or requirements on a single provider of Medicaid or PCN services. Further, any loss in revenue to a single provider of these services is negligible.													
9. Comments by department head on the fiscal impact the rule may have on businesses: This amendment will have no effect on business because it does not impose new costs or requirements on Medicaid and PCN service providers. – W. David Patton, Ph.D., Executive Director													
10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.													
State code or constitution citations (required):				Sections 26-1-5 and 26-18-3									
Federal citations (optional):													
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):								<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	X	<input type="checkbox"/>	No
12. The public may submit written or oral comments to the agency identified in I. General Information:													

Comments will be accepted until 5:00 p.m. on 12/15/2014 (mm/dd/yyyy):		
A public hearing (optional) will be held on (mm/dd/yyyy):		at (time):
at (place):		
13. This rule or change may become effective on (mm/dd/yyyy):	12/22/2014	
Medicaid, primary care, demonstration		
Division approvals for publication (insert comment with date):	Michael Hales	10-23-14
Legal approvals for publication:	Stephanie M. Saperstein, AAG	10/28/14
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 10-28-14

7/28/09 revision

DOH 5-YEAR REVIEW ELECTRONIC FORM

I. General Information

A. Rule Number:	R414-61
B. Title of Rule or Section	Home and Community-Based Services Waivers
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Room no., building:	Cannon Health Building
E. Street address:	288 North 1460 West
F. Mailing address:	PO Box 143102
G. City, state ZIP:	SLC, UT 84114-3012
H. Contact person:	Kayla Strong
I. Telephone:	(801) 538-6149
J. FAX:	(801) 538-6412
K. Internet E-mail for contact person:	kaylastrong@utah.gov

II. FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

1. Last date 5-Year Review can be submitted: 02-24-2015

2. Title of rule (catchline):

Home and Community-Based Services Waivers

3. A concise explanation of the particular statutory provisions under which the rule is enacted and how these provisions authorize or require the rule:

Subsection 26-18-3(2)(a) requires the Department to implement the Medicaid program through administrative rules. In addition, Section 1915(c) of the Social Security Act allows payment for home and community-based services under waiver to be "medical assistance."

4. A 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 did not receive any written or oral comments regarding this rule.

5. A reasoned justification for continuation of the rule, including reasons why the agency disagrees with comments in opposition to the rule, if any:

The Department will continue this rule because it implements the administration of home and community-based services for Medicaid recipients.

6. Indexing information - keywords (maximum of four, in lower case):

Medicaid

7. Attach an RTF document containing the text of this rule change (filename):

Division approvals for publication (insert comment with date):	Michael Hales	10-28-14
Legal approvals for publication:	Stephanie M. Saperstein, AAG	10/29/14
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 10-29-14

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-320
B. Title of Rule or Section	Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Dave Baldwin
E. Telephone:	(801) 538-7020

II. Notice of Proposed Rule or Change

3. Type of notice:			
Proposed rules	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Repeal
	<input type="checkbox"/> Repeal and reenact		
Other rule types	<input type="checkbox"/> Change in proposed rule	(changes original proposed rule file no.:	<input type="text"/>)
4. Purpose of the rule or reason for the change: This amendment is necessary because the Office of Refugee Resettlement (ORR) and the Centers for Medicare and Medicaid Services (CMS) recommend the Department enroll eligible refugees in the Refugee Medical Assistance program (RMA) instead of Utah's Premium Partnership for Health Insurance (UPP) to better serve the refugee population and to protect public health in the communities of Utah.			
5. This rule or change is a response to comments by the Administrative Rules Review Committee.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/>
6. Summary of the rule or change: This amendment clarifies that individuals who are eligible for RMA without a spenddown are not eligible for UPP. It also clarifies eligibility decisions and reviews for the RMA program at the time of application.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	There is no impact to the state budget because the RMA program is 100% federally funded.		
Local government:	There is no impact to local governments because they neither fund nor provide Medicaid and UPP services to Medicaid and UPP recipients.		
Small businesses (fewer than 50 employees)	There is no impact because this rule does not impose new costs or requirements on small businesses, and any increase or loss in revenue as a result of clients changing programs is negligible.		
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact because this rule does not impose new costs or requirements on providers of Medicaid and UPP services, and any increase or loss in revenue as a result of clients changing programs is negligible. Some clients may see nominal savings with more available refugee services, but there is no data to estimate those savings at this time.		
8. Compliance costs for affected persons ("person" means any SINGLE individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency): There are no compliance costs because this rule does not impose new costs or requirements on a single provider of Medicaid or UPP services. Further, any loss in revenue to a single provider of these services is negligible.			
9. Comments by department head on the fiscal impact the rule may have on businesses: This amendment will have no effect on business because it does not impose new costs or requirements on Medicaid and UPP service providers. – W. David Patton, Ph.D., Executive Director			
10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.			
State code or constitution citations (required):	Sections 26-1-5 and 26-18-3		
Federal citations (optional):	<input type="text"/>		
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):			
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/>
12. The public may submit written or oral comments to the agency identified in I. General Information:			

Comments will be accepted until 5:00 p.m. on 12/15/2014 (mm/dd/yyyy):		
A public hearing (optional) will be held on (mm/dd/yyyy):		at (time):
at (place):		
13. This rule or change may become effective on (mm/dd/yyyy):	12/22/2014	
14. Indexing information - keywords (maximum of four, in lower case): CHIP, Medicaid, PCN, UPP		
Division approvals for publication (insert comment with date):	Michael Hales	10-23-14
Legal approvals for publication:	Stephanie M. Saperstein AAG	10/28/14
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 10-30-14

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-11
B. Title of Rule or Section	Podiatric Services
C. Originating Division/Office:	Division of Medicaid and Health and Financing
D. Contact person:	Nina Baker
E. Telephone:	(801) 538-9127

II. Notice of Proposed Rule or Change

3. Type of notice:			
Proposed rules	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Repeal
	<input type="checkbox"/> Repeal and reenact		
Other rule types	Change in proposed rule (changes original proposed rule file no.: _____)		
4. Purpose of the rule or reason for the change: The purpose of this change is to consolidate the scope of podiatric services for Medicaid recipients.			
5. This rule or change is a response to comments by the Administrative Rules Review Committee.		Yes	<input checked="" type="checkbox"/> No
6. Summary of the rule or change: This amendment removes sections in the rule text that specify reimbursement, eligibility, and service coverage, and defers to the scope of services found in the Podiatric Services Utah Medicaid Provider Manual and in the Medicaid State Plan.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	There is no impact to the state budget because the services provided to Medicaid recipients remain unaffected by this change.		
Local government:	There is no impact to local governments because they do not fund or provide Medicaid services to Medicaid recipients.		
Small businesses (fewer than 50 employees)	There is no impact to small businesses because the services provided to Medicaid recipients remain unaffected by this change.		
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to Medicaid providers and to Medicaid recipients because the services provided to Medicaid recipients remain unaffected by this change.		
8. Compliance costs for affected persons ("person" means any SINGLE individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency): There are no compliance costs to a single Medicaid provider or to a Medicaid recipient because the services provided remain unaffected by this change.			
9. Comments by department head on the fiscal impact the rule may have on businesses: This amendment will have no effect on business because it does not impose new costs or requirements on service providers nor does it change the services currently provided to Medicaid recipients. – W. David Patton, Ph.D., Executive Director			
10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.			
State code or constitution citations (required):	Sections 26-18-3 and 26-1-5		
Federal citations (optional):	42 CFR 440.60		
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):		Yes	<input checked="" type="checkbox"/> No
Reference title and date of issue or edition:			
12. The public may submit written or oral comments to the agency identified in I. General Information:			
Comments will be accepted until 5:00 p.m. on (mm/dd/yyyy):	12/31/2014		
A public hearing (optional) will be held on (mm/dd/yyyy):		at (time):	

at (place):			
13. This rule or change may become effective on (mm/dd/yyyy):	01/07/2015		
14. Indexing information - keywords (maximum of four, in lower case): Medicaid			
Division approvals for publication (insert comment with date):	Michael Hales	11-6-14	
Legal approvals for publication:	Stephanie M. Saperstein, AAG	11/13/14	
Executive Director approval for publication:	W. David Patton, Ph.D.	Date:	11-13-14

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R382-10-18
B. Title of Rule or Section	Enrollment Period
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Dave Baldwin
E. Telephone:	(801) 538-7020

II. Notice of Proposed Rule or Change

3. Type of notice:			
Proposed rules	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Repeal
	<input type="checkbox"/> Repeal and reenact		
Other rule types	Change in proposed rule (changes original proposed rule file no.:)		
4. Purpose of the rule or reason for the change: The purpose of this change is to comply with provisions of the Patient Protection and Affordable Care Act in regard to completing an ex parte review for the Children's Health Insurance Program (CHIP).			
5. This rule or change is a response to comments by the Administrative Rules Review Committee.		Yes	<input checked="" type="checkbox"/> No
6. Summary of the rule or change: This amendment allows CHIP coverage to end if the eligibility agency completes an ex parte review and requests verification of health coverage, and the enrollee fails to verify creditable health coverage or is determined to have access to health insurance.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	There is no impact to the state budget because this amendment only changes the method of review in determining CHIP coverage.		
Local government:	There is no impact to local governments because they neither fund nor provide CHIP services to CHIP enrollees.		
Small businesses (fewer than 50 employees)	There is no impact to small businesses because this amendment only changes the method of review in determining CHIP coverage. It does not impose new costs or requirements.		
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to CHIP providers and to CHIP enrollees because this amendment only changes the method of review in determining CHIP coverage. It does not impose new costs or requirements and does not create out-of-pocket expenses.		
8. Compliance costs for affected persons ("person" means any SINGLE individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency): There is no impact to a single CHIP provider or to a CHIP enrollee because this amendment only changes the method of review in determining CHIP coverage. It does not impose new costs or requirements and does not create out-of-pocket expenses.			
9. Comments by department head on the fiscal impact the rule may have on businesses:			
10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.			
State code or constitution citations (required):	Sections 26-1-5 and 26-18-3		
Federal citations (optional):	Pub. L. No. 111-148		
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):		Yes	<input checked="" type="checkbox"/> No
12. The public may submit written or oral comments to the agency identified in I. General Information:			

Comments will be accepted until 5:00 p.m. on 01/14/2015 (mm/dd/yyyy):		
A public hearing (optional) will be held on (mm/dd/yyyy):		at (time):
at (place):		
13. This rule or change may become effective on (mm/dd/yyyy):	02/01/2015	
14. Indexing information - keywords (maximum of four, in lower case): children's health benefits		
Division approvals for publication (insert comment with date):	Michael Hales	11-20-14
Legal approvals for publication:	Stephanie Saperstein, AAG	11-21-14
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 11-21-14

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-310-7
B. Title of Rule or Section	Household Composition and Income Provisions
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Dave Baldwin
E. Telephone:	(801) 538-7020

II. Notice of Proposed Rule or Change

3. Type of notice:							
Proposed rules	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>	Repeal	
	<input type="checkbox"/>	Repeal and reenact					
Other rule types	<input type="checkbox"/>	Change in proposed rule	(changes original proposed rule file no.:		<input type="text"/>)	
4. Purpose of the rule or reason for the change:							
By legislative request, the income limit for the Primary Care Network (PCN) program will decrease from 100% of the Federal Poverty Level (FPL) to 95% of FPL. This decrease will allow those PCN recipients who lose coverage due to the income limit change to receive better, more comprehensive medical coverage through the Federally Facilitated Marketplace (FFM).							
5. This rule or change is a response to comments by the Administrative Rules Review Committee.				<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
6. Summary of the rule or change:							
This amendment changes the current PCN income limit from 100% of FPL to 95% of FPL to allow those individuals losing PCN coverage to attain better medical coverage through the FFM.							
7. AGGREGATE anticipated cost or savings to:							
State budget:	There are minimal savings to the state budget with some individuals losing PCN coverage, but there is no data to estimate what the total savings will be. This change affects less than 500 PCN recipients.						
Local government:	There is no impact to local governments because they do not fund or provide PCN services to PCN recipients.						
Small businesses (fewer than 50 employees)	There is no impact because this change does not impose new costs or requirements on small businesses.						
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact because this change does not impose new costs or requirements on PCN providers. PCN recipients, however, may see some savings as they become eligible for better medical coverage through the FFM.						
8. Compliance costs for affected persons ("person" means any SINGLE individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency):							
There are no compliance costs because this change does not impose new requirements on a single PCN provider, and a PCN recipient will only become eligible for better medical coverage through the FFM.							
9. Comments by department head on the fiscal impact the rule may have on businesses:							
This change does not impose additional costs or requirements upon PCN providers and therefore will have no impact on business. – W. David Patton, Ph.D., Executive Director							
10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.							
State code or constitution citations (required):			Sections 26-1-5 and 26-18-3				
Federal citations (optional):			Pub. L. No. 111-148				
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):				<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

12. The public may submit written or oral comments to the agency identified in I. General Information:			
Comments will be accepted until 5:00 p.m. on	01/14/2015		
(mm/dd/yyyy):			
A public hearing (optional) will be held on (mm/dd/yyyy):		at (time):	
at (place):			
13. This rule or change may become effective on			
(mm/dd/yyyy):	02/01/2015		
14. Indexing information - keywords (maximum of four, in lower case):			
Medicaid, primary care, demonstration			
Division approvals for publication (insert comment with date):	Michael Hales	11-25-14	
Legal approvals for publication:	Stephanie M. Saperstein, AAG	11/26/14	
Executive Director approval for publication:	W. David Patton, Ph.D.	Date:	11-26-14

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-19A
B. Title of Rule or Section	Coverage for Dialysis Services by a Free-Standing State Licensed Dialysis Facility
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Linda Morris
E. Telephone:	(801) 538-6731

II. Notice of Proposed Rule or Change

3. Type of notice:				
Proposed rules	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Repeal <input type="checkbox"/> Repeal and reenact			
Other rule types	<input type="checkbox"/> Change in proposed rule (changes original proposed rule file no.: _____)			
4. Purpose of the rule or reason for the change: The purpose of this change is to update and clarify information, and to make other technical changes.				
5. This rule or change is a response to comments by the Administrative Rules Review Committee.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;">X</td> <td style="width: 20px;">No</td> </tr> </table>	Yes	X	No
Yes	X	No		
6. Summary of the rule or change: This amendment updates the Medicaid agency name, correctly cites federal statutes, removes an unnecessary incorporation by reference, and makes other technical changes.				
7. AGGREGATE anticipated cost or savings to:				
State budget:	There is no impact to the state budget because this amendment only updates and clarifies information and does not affect ongoing dialysis services.			
Local government:	There is no impact to local governments because they do not fund or provide dialysis services to Medicaid recipients.			
Small businesses (fewer than 50 employees)	There is no impact to small businesses because this amendment only updates and clarifies information and does not affect ongoing dialysis services.			
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to Medicaid providers and to Medicaid recipients because this amendment only updates and clarifies information and does not affect ongoing dialysis services.			
8. Compliance costs for affected persons ("person" means any SINGLE individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency): There is no impact to a single Medicaid provider or to a Medicaid recipient because this amendment only updates and clarifies information and does not affect ongoing dialysis services.				
9. Comments by department head on the fiscal impact the rule may have on businesses: There is no impact on business because the amendments are merely technical in nature and do not impose additional costs or require additional action by business. – W. David Patton, Ph.D., Executive Director				
10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.				
State code or constitution citations (required):	Sections 26-1-5 and 26-18-3			
Federal citations (optional):	42 CFR 440.20 and 440.90			
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;">X</td> <td style="width: 20px;">No</td> </tr> </table>	Yes	X	No
Yes	X	No		
Reference title and date of issue or edition:				
12. The public may submit written or oral comments to the agency identified in I. General Information:				
Comments will be accepted until 5:00 p.m. on 02/02/2015 (mm/dd/yyyy):				
A public hearing (optional) will be held on (mm/dd/yyyy):				
at (time):				
at (place):				

13. This rule or change may become effective on (mm/dd/yyyy): 02/09/2015

14. Indexing information - keywords (maximum of four, in lower case):
Medicaid

Division approvals for publication (insert comment with date):	Michael Hales	12-8-14
Legal approvals for publication:	Stephanie Saperstein, AAG	12-10-14
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 12-10-14