

## NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

### NOTICE OF EXEMPT RULEMAKING

#### TITLE 6. ECONOMIC SECURITY

#### CHAPTER 6. DEPARTMENT OF ECONOMIC SECURITY DEVELOPMENTAL DISABILITIES

##### PREAMBLE

- 1. Sections Affected**

R6-6-101	Amend
R6-6-1201	Amend
R6-6-1202	Amend
R6-6-1203	Amend
R6-6-1204	Amend
R6-6-1205	Amend
R6-6-1206	Amend
Appendix A	Amend
  
- 2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statute: A.R.S. § 41-1954(A)(3)  
Implementing statute: A.R.S. § 36-562  
Exemption from formal rulemaking: Laws 2003, Ch. 265, § 53
  
- 3. The effective date of the rules:**

January 1, 2004
  
- 4. A list of all previous notices appearing in the Register addressing the exempt rules:**

Not applicable
  
- 5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**

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- 6. An explanation of the rules, including the agency's reasons for initiating the rules, including the statutory citation to the exemption from regular rulemaking procedures:**

This Article contains rules that provide the general guidelines for how the Department determines the cost of care portion to be paid by a client, minor client's parents, or an estate, trust, or annuity of which the client is a beneficiary for services provided to a client. This Article also contains the special provisions for clients receiving residential services, guidelines for billing, and the review and appeal process. This Article was last amended in 1996.

The rules have been revised to include statutory changes made to A.R.S. § 36-562 regarding cost of care billing for non-ALTCS service recipients who have estates, trusts, or annuities. The rules include an updated fee schedule for cost of care billing, which reflects income based on 200% of the federal poverty guidelines issued on February 17, 2003.

The Department is exempt from the formal rulemaking process according to Laws 2003, Ch. 265, § 53.

Notices of Exempt Rulemaking

The rules include the following provisions:

1. Explains that all services provided by the Division may be included in calculating the cost of care for non-ALTCS clients.
2. Clarifies that the cost of care portion table (Appendix A) applies to clients and the parents of minor clients who receive services. The cost of care portion that a client or a parent of a minor client pays is a percentage of the cost of services received based on the amount of income earned.
3. Establishes that the cost of care for services for a client who is the beneficiary of an estate, trust, or annuity is based on the actual cost of services or programs until the client meets the financial eligibility requirements for federal social security supplemental income benefits or the financial eligibility requirements for the Arizona Long-term Care System, and that the Division is not limited to trust or estate income but shall also bill the trust corpus.
4. Establishes additional financial information required from the client, the parent of a minor client, or from the responsible party on behalf of the client in order for the Division to determine the cost of care portion.

**7. A reference to any study relevant to the rules that the agency reviewed and either relied on in its evaluation of or justification for the rules or did not rely on in its evaluation of or justification for the rules, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

No specific study relevant to the rules exists to the knowledge of the Division.

**8. A showing of good cause why the rules are necessary to promote a statewide interest if the rules will diminish a previous grant of authority of a political subdivision of this state:**

The rules do not diminish a previous grant of authority of a political subdivision of this state.

**9. The summary of the economic, small business, and consumer impact:**

Economic Impact: The cost of these rules is considered minimal and necessary. The costs to the Division include determining Cost of Care, mailing financial information questionnaires, creating and sending billing documents, collecting and processing payments, and responding to hearings and appeals.

The costs to the regulated public are the portion of the Cost of Care an individual is required to pay for services, collection costs and fees, and mailing costs. These costs are different for everyone based upon the fee schedule. The fee schedule determines the percentage of the cost of care to be paid based on gross income. The updated cost of care portion table (Appendix A) will have little or no economic impact.

The cost of care contribution made by a client, a parent of a minor client or responsible party on behalf of a client with an estate, trust, or annuity will be the actual cost of care until the client meets the financial eligibility requirements for federal social security supplemental income benefits or the financial eligibility requirements for the Arizona Long-term Care System.

When clients meet the financial eligibility requirements for supplemental security income and/or the Arizona Long-term Care System, the clients will receive federal benefits that supplement the amount of state funds needed for the services they are provided.

Small Business Impact: Small business will experience little or no impact resulting from revisions to the rule.

Consumer Impact: Non-ALTCS consumers or responsible parties will be required to submit additional financial information about estates, trusts, or annuities for which the client is the beneficiary. Clients and parties who are the beneficiaries of estates, trusts, or annuities will be liable for the actual cost of services and programs until they meet the financial eligibility requirements for federal social security or Title XIX benefits.

Clients and parents of minor clients will be impacted by the updated cost of care fee schedule. Clients and parents of minor clients may be billed an amount that is more or less than the amount for which they are currently billed. The actual financial impact cannot be projected at this time. Currently, approximately 36 parents of minor children receive a bill for a percentage of the cost of services their children receive.

**10. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):**

Not applicable at this time

**11. A summary of the comments made regarding the rule and the agency response to them:**

A summary of the comments is on file with the Department and the Office of the Secretary of State.

**12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**

Under Laws 2003, Ch. 265, § 53, the Department was required to hold at least two public hearings to allow the public an opportunity to comment on the proposed rules. The hearings were held on November 20, 2003 in Flagstaff and on November 25, 2003 in Phoenix. The comments from the hearings are on file with the Department and the Office of the Secretary of State.

**13. Incorporations by reference and their location in the rules:**

Not applicable

**14. Were these rules previously made as emergency rules?**

Not applicable

**15. The full text of the rules follows:**

**TITLE 6. ECONOMIC SECURITY**

**CHAPTER 6. DEPARTMENT OF ECONOMIC SECURITY  
DEVELOPMENTAL DISABILITIES**

**ARTICLE 1. GENERAL PROVISIONS**

Section

R6-6-101. Definitions

**ARTICLE 12. COST OF CARE PORTION**

Section

R6-6-1201. Cost of Care Portion for Services

R6-6-1202. Determination of the Cost of Care Portion for Services ~~from a Minor Client's Parents~~

R6-6-1203. Determination of the Cost of Care ~~Portion~~ for Services ~~from~~ for a Client's Client who is the Beneficiary of an Estate, Trust, or Annuity

R6-6-1204. Special Provisions for Cost of Care Portion from Clients Receiving Residential Services

R6-6-1205. Billing for the Cost of Care Portion

R6-6-1206. Review and Appeal

Appendix A. Cost of Care Portion Table

**ARTICLE 1. GENERAL PROVISIONS**

**R6-6-101. Definitions**

In addition to the definitions found in A.R.S. §§ 36-551 and 36-596.51, the following definitions apply to this Chapter, unless otherwise provided in a specific Article of this Chapter:

1. "Administrative Review" means a mechanism of informal review for decisions made by the Division of Developmental Disabilities.
2. "Adult" means a person aged 18 years or above.
3. "Agency" means any organization, funded by the Division, which provides services to individuals with developmental disabilities.
4. "Agency administrator" means the Chief Executive Officer or designee of an agency.
5. "AHCCCS" means the Arizona Health Care Cost Containment System.
6. "ALTCS" means the Arizona Long-term Care System.
7. "ALTCS service provider" means those service providers through whom health care services are delivered to DD/ALTCS clients.
8. "Appeals Board" means the Department of Economic Security Appeals Board.
9. "Appellant" means any person or the Department who appeals an action under R6-6-1801 et seq.
10. "Appellate Services Administration/Long-term Care" means the Appellate Services Administration/Long-term Care within the Department of Economic Security.
11. "Applicant" means the responsible person as defined in A.R.S. § 36-551 who has applied for Division services.
12. "Assignment of benefits" means the insurer is entitled to deal with the assignee as the owner or pledgee of the policy in accordance with the terms of the assignment.
13. "Behavior management" means procedures designed to increase a client's appropriate behaviors and decrease inappropriate behaviors which are a problem to the client or others.
14. "Behavior-modifying medications" means drugs which are prescribed, administered, and directed for the purpose of reducing or eliminating certain behaviors.
15. "Benefits" means, for the purpose of determining cost of care portion under Article 12, monies received from SSI, SSA, or other governmental funds which may be subject to a cost of care portion for residential and other services provided by the Division.
16. "Case plan" means a written document used by child welfare staff which is a separate and distinct part of the case record. It identifies the case plan goal and target date, objectives, tasks, time-frames, responsible parties, consequences, and barriers. The child welfare care manager is responsible for the development and implementation of the case plan in consultation with the family and service team.

Notices of Exempt Rulemaking

17. "Child" means a person under the age of 18 years.
18. "Community residential setting resident" or "resident" means any person placed for care in a community residential setting whether or not the person is a client of the Department.
19. "Cost of care" means the dollar value of services listed in R6-6-1201(B) provided to a client through the Division.
20. "Cost of care portion" means the percentage of a client's cost of care that a parent, client, or responsible person may be required to pay to the Division to help offset the cost of the client's care.
21. "DD/ALTCS client" means an individual with developmental disabilities who has met the eligibility criteria of both the Division of Developmental Disabilities and the Arizona Long-term Care System (ALTCS).
22. "DD/non-ALTCS client" means an individual who has met the eligibility criteria of the Division but who does not meet the eligibility criteria of ALTCS.
23. "Direct care staff" means a person who is employed or contracted to provide direct services to clients by either a community residential setting licensee or license applicant, or by an agency applying for or certified to provide Home and Community-based Services.
24. "District Program Manager" or "DPM" means the Division of Developmental Disabilities' administrator or designee in each of the Department's six planning districts.
25. "Emergency measures" means physical management techniques used in an emergency to manage a sudden, intense, or out-of-control behavior.
26. "Evacuation device" means equipment used to facilitate the evacuation of a community residential setting in the event of an emergency.
27. "Exclusion time-out" means a time-out procedure in which an individual is removed from a reinforcing environment to an environment which is less reinforcing or in which there is less opportunity to earn reinforcement.
28. "Family support services" means those services and supports provided by the division and are designed to strengthen the family's role as a primary care giver, prevent inappropriate out-of-home placement, maintain family unity, and reunite families with members who have been placed out of the home."
29. "Family support voucher" means a written authorization provided to a client or responsible person to purchase family support services.
30. "Fee for service" means the costs that are assessed pursuant to R6-6-1201 *et seq.* for services received from or through the Division.
31. "Fire Risk Profile" means an instrument prescribed by the Division that yields a score for a facility based on the ability of the resident to evacuate the community residential setting.
32. "Forced Compliance" means a procedure in which an individual is physically forced to follow a direction or command.
33. "Grievant" means any person who is aggrieved by a decision of the Department.
34. "Health insurance payments" means the assignment of rights to medical support or other third-party payments for medical care.
35. "Health Plan" means a service provider of health-related services.
36. "Hearing Officer" means any person selected to hear and render a decision in an appeal under Article 20 of this Chapter.
37. "Human Rights Committee" or "HRC" means a committee established by the Director to provide independent oversight and review as described in R6-6-1701 *et seq.*
38. "IEP" or "Individualized Education Plan" means a written statement for providing special education services to a child with a disability that includes the pupil's present levels of educational performance, the annual goals, and the short-term measurable objectives for evaluating progress toward those goals and the specific special education and related services to be provided.
39. "Income" means, as used in Article 12, net taxable income as reported on the person's last tax return.
40. "Individual service and program plan" or "ISPP" means a written statement of services to be provided to an individual with developmental disabilities including habilitation goals and objectives and determinations as to which services, if any, the client may be assigned. The ISPP incorporates and replaces the Individual Program Plan and the placement evaluation, both as defined in A.R.S. § 36-551, and the service plan as defined in A.R.S. § 36-2938.
41. "Individual service and program plan team" or "ISPP team" means a group of persons assembled by the Division and coordinated by the client's case manager in compliance with A.R.S. §§ 36-551 and 36-560 to develop an ISPP for each client.
42. "Insured" means the party to an insurance arrangement to whom, or on behalf of whom, the insurance company agrees to indemnify for losses, provide benefits, or render services.
43. "Insurer" means the insurance company assuming risk and agreeing to pay claims or provide services.
44. "Least intrusive" or "least obtrusive" means the level of intervention necessary, reasonable, and humanely appropriate to the client's needs, which is provided in the least disruptive or invasive manner possible.
45. "License applicant" means a person or business entity which submits an application to the Division for an initial or a renewal license to operate a community residential setting.

Notices of Exempt Rulemaking

46. "Licensee" means a person or entity licensed as a community residential setting, or a person designated by such person or entity to be responsible for carrying out the requirements under these rules.
47. "Lives independently" means a client who lives in a primary residence in which the Division does not fund, in whole or in part, daily habilitation or room and board and for which the client secures the residence and is the principle signatory on the lease or rental agreement; makes decisions regarding roommates, furnishings, and arrangements for on-site services; makes the payments relating to the residence; and makes decisions to terminate such arrangements or lease or rental agreement.
48. "Main provider record" means a record maintained by a service provider which contains all pertinent information concerning the evaluations of, and the services provided to, a client, and which is located in a designated place.
49. "Mechanical restraint" means any mechanical device used to restrict the movement or normal function of a portion of the client's body, excluding only those devices necessary to provide support for the achievement of functional body position or proper balance.
50. "Medically necessary services" means those covered services provided by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law to prevent disease, disability, and other adverse health conditions or their progression or to prolong life.
51. "Medication error" means that one or more of the following has occurred: a client is given the wrong medication or the wrong dosage, the medication is given at the wrong time or not given at all, or the medication is given via the wrong route or to the wrong person.
52. "Monitoring" means the process of reviewing licensed adult and child developmental homes and community residential settings for compliance with licensing, contractual, or programmatic requirements.
53. "Office of Appeals" means the Office of Appeals of the Department of Economic Security.
54. "Overcorrection" means a group of procedures designed to reduce inappropriate behavior, in specifically:
  - a. Requiring a client to restore the environment to a state vastly improved from that which existed prior to the inappropriate behavior; or
  - b. Requiring a client to repeatedly practice a behavior.
55. "Party" means any person appealing an action under R6-6-1801 et seq. or the Department.
56. "Physical restraint" means a procedure whereby one or more persons restrict a client's freedom of movement for the purpose of managing the client's behavior.
57. "Policy" in Article 13 means the written contract effecting insurance or the certificate thereof by whatever name called, and papers attached thereto and made a part thereof.
58. "Program contractor" means the Division of Developmental Disabilities in its position as program contractor to AHCCCS.
59. "Program Review Committee" or "PRC" means a group of persons designated by the District Program manager to review and approve or disapprove all behavior management programs before such programs may be implemented or sent to the Human Rights Committee.
60. "Program Unit" means a location where services are provided.
61. "Protective device" means an appliance used to prevent a client from engaging in self-injurious behavior, used by a medical practitioner to restrain an individual while a treatment or procedure is being performed, or authorized by a medical practitioner for use in response to a medical condition.
62. "Residential service" means a residential living arrangement operated by the Division or by providers funded by the Division, in which clients live with varied degrees of appropriate supervision.
63. "Reinforcer" means any consequence that maintains or increases the future probability of the response it follows.
64. "Response cost" means a procedure designed to decrease inappropriate behaviors by removing earned reinforcers or possessions as a consequence of an inappropriate behavior.
65. "Responsible party" means a client or a person or entity that is obligated or liable to pay the cost of care for a client, including the parent of a minor client, representative payee, guardian, or conservator, and the personal representative of an estate, or the trustee of a trust of which the client is a beneficiary.
- ~~65-66.~~ "Seclusion" or "locked time-out room" means the placement of a client in a room or other area from which the client cannot leave.
- ~~66-67.~~ "Service provider" means an agency or individual operating under a contract or service agreement with the Department to provide services to Division clients.
- ~~67-68.~~ "Services" means developmental disability programs and activities consistent with family support philosophy and operated by or contracted for the Department directly or indirectly, including residential services, family and child services, family and adult services, and case management and resource services.
- ~~68-69.~~ "Standards" means Arizona Revised Statutes, administrative rules, the Code of Federal Regulations, interagency and intergovernmental agreements, and contract provisions that apply to licensing and monitoring community residential settings.
- ~~69-70.~~ "Tardive Dyskinesia" means a slow, rhythmic, automatic stereotyped movement which occasionally occurs, either generalized or in single muscle groups, as an undesired side effect of therapy with certain psychotropic drugs.

Notices of Exempt Rulemaking

~~70-71.~~ “Third-party liability” means the resources available from a person or entity that is or may be, by agreement, circumstances, or otherwise, liable to pay all or part of the medical expenses incurred by a Division client.

~~71-72.~~ “Third-party payor” means any individual, entity, or program that is or may be liable to pay all or part of the medical cost of injury, disease, or disability of a Division client.

~~72-73.~~ “Time-out device” means a secured room or area used to enforce a “time-out procedure.”

~~73-74.~~ “Time-out procedure” means a procedure in which the client’s access to sources of various forms of reinforcement is removed for the purpose of decreasing a client’s inappropriate behavior.

~~74-75.~~ “Vulnerable adult” means an individual who is 18 years of age or older and who is unable to protect himself from abuse, neglect, or exploitation by others because of a mental or physical impairment according to A.R.S. § 13-3623.

ARTICLE 12. COST OF CARE PORTION

**R6-6-1201. Cost of Care Portion for Services**

**A.** This Article prescribes the cost of care contribution requirements for clients, ~~and the parents of minor clients under the age of 18, and trusts, estates, and annuities of which the client is a beneficiary, who are required to contribute towards the cost of the services the client receives.~~ This Article applies to:

1. Non-ALTCS clients receiving the any services, listed in subsection (B);
2. ~~Both~~ ALTCS ~~and non-ALTCS~~ clients receiving residential services from the Division.

**B.** The Division may include all services provided in calculating the cost of care for a non-ALTCS client.

The following services are included in calculating the cost of care for a client:

1. ~~Adaptive Aides;~~
2. ~~Assessment;~~
3. ~~Attendant Care;~~
4. ~~Audiology;~~
5. ~~Basic Education;~~
6. ~~Counseling—both group and individual;~~
7. ~~Consultation;~~
8. ~~Day Treatment—adult and child;~~
9. ~~Pre-school Tuition;~~
10. ~~Habilitation;~~
11. ~~Home Health Aide;~~
12. ~~Hospital In-patient Expenses;~~
13. ~~Home Nursing;~~
14. ~~Housekeeping;~~
15. ~~Intermediate Care Facility for the Mentally Retarded;~~
16. ~~Medication and Supplies;~~
17. ~~Medical Support Services;~~
18. ~~Nutrition;~~
19. ~~Occupational Therapy;~~
20. ~~Parent Aide Service;~~
21. ~~Personal Care;~~
22. ~~Physical Therapy;~~
23. ~~Physician Services;~~
24. ~~Parent Skills Training;~~
25. ~~Recreation and Socialization;~~
26. ~~Respite;~~
27. ~~Room and Board;~~
28. ~~Speech Therapy; and~~
29. ~~Transportation.~~

**C.** ~~The Division determines the payment amount for the cost of care portion pursuant to this Article.~~

**D.** ~~The Division determines the cost of care portion by the parent of a client under 18 or from income from a trust or an estate of a client from the Cost of Care Portion Table attached as Appendix A to this Article.~~

**E.** ~~The cost of care portion from a client receiving residential services is based on the client’s income or benefits. If the client receives benefits, the cost of care portion is determined pursuant to R6-6-1204.~~

**R6-6-1202. Determination of the Cost of Care Portion for Services ~~from a Minor Client’s Parents~~**

**A.** The Cost of Care Portion table (Appendix A) shows the percentage of the cost of services which the parents are that a client is responsible for paying, ~~as the cost of care portion for the client.~~

**B.** The Cost of Care Portion table (Appendix A) also shows the percentage of the cost of services that the parent of a minor client is responsible for paying.

Notices of Exempt Rulemaking

~~B.1.~~ If the parents of a client are not married to each other, the Division determines the cost of care portion ~~for the custodial parent~~ based on the custodial parent's income.

~~C.2.~~ If the parent is married to an individual who is not legally responsible for the client, the Division determines the parent's cost of care portion using the community income, plus any sole and separate income of the parent.

~~D.~~ When a parent of a minor client receiving residential services pays either all or part of the client's rent, food, or utilities, the Division shall reduce the client's cost of care by the documented amount that the parent pays for these items.

~~E.3.~~ If a parent has more than one child minor client receiving services from the Division, the parent's cost of care portion shall not exceed the maximum amount the parent would be required to pay for the ~~child~~ minor client receiving the most expensive services.

**R6-6-1203. Determination of the Cost of Care Portion for Services from for a Client's Client who is the Beneficiary of an Estate, Trust, or Annuity**

The Division determines the cost of care portion which is billed from the income received from a trust or estate of a client is determined by using the Cost of Care Portion Table attached as Appendix A to this Article. The table shows the percentage of the cost of care to be billed to the trust or estate of the client.

A. For a client who is the beneficiary of an estate, trust, or annuity, the cost of care for services is the actual cost of all services and programs provided by the Division until the client meets the financial eligibility requirements for federal social security supplemental income benefits or the financial eligibility requirements for the Arizona Long-term Care System.

B. The responsible party shall pay the client's cost of care.

C. When billing a trust, the Division is not limited to the trust income, but shall also bill the trust corpus.

**R6-6-1204. Special Provisions for Cost of Care Portion from Clients Receiving Residential Services**

~~A.~~ If a client receiving residential services from the Division has income from an estate or trust, the Division uses the Cost of Care Portion Table to determine the cost of care portion. The cost of care portion for a client receiving residential services is based on the amount of client's benefits the client receives, including Social Security, Veteran's, and Railroad Retirement benefits.

~~B.~~ If a client receiving residential services from the Division has both income from a trust or estate and benefits, the Division uses only the benefit.

~~C.~~ B. The client shall keep either 30% or \$50 of the client's monthly benefits, whichever is greater, until the client's personal savings reach the maximum amount allowed by the federal agency providing the benefits, before federal benefits are cut off.

~~D.~~ C. When a client reaches the maximum allowable limit of personal savings as described in subsection ~~(C)~~ (A) the client's monthly cost of care portion is the actual cost of residential services until the client's personal savings drop below the maximum allowable limit.

~~E.~~ D. If a client receives a retroactive benefit payment, the client shall retain the greater of either 30% of the total amount of the retroactive payments or the maximum amount allowed by the benefit source before federal benefits are cut off. The client shall pay the rest of the retroactive benefit payments, up to the actual cost of the client's residential services, to the Division to cover the months of placement in residential services for which the benefits are being paid.

~~F.~~ E. If a client receiving residential services uses the client's own income to pay either all or part of the rent, food, or utilities, the Division shall reduce the cost of care for the client by the documented amount the client pays for these items.

**R6-6-1205. Billing for the Cost of Care Portion**

~~A.~~ A. At least 30 days before the effective date of the rules and 30 days prior to May 1 of each ~~year~~ Each year, prior to July 1, the Division shall send a financial information form to each responsible ~~person party~~.

~~B.~~ B. The responsible ~~person party~~ shall send return the financial information requested by the Division to the Department's Office of Accounts Receivable and Collections in Phoenix form to the Division within 30 days of the date of the request.

~~C.~~ C. The responsible ~~person party~~ shall provide the following information on the financial information form:

1. Client name;
2. Parent or responsible ~~person party~~ name;
3. Parent or responsible ~~person party~~ address;
4. Declaration of ~~taxable~~ income from ~~last the prior year's year~~ the prior year's year federal tax form or Arizona state tax form, whichever is less, and estate or trust income tax return; and
5. Declaration of the assets of the client's estate, including any amount held in trust or in an annuity for the benefit of the client; and

~~5-6.~~ Date and signature of the individual filling out the form.

~~D.~~ D. The responsible party shall provide documentation that fully discloses the assets of the client's estate and a copy of the prior year federal tax return.

~~E.~~ E. If the responsible party does not return the financial information form is not returned, the Division ~~will~~ shall charge 100% of the cost of care. If a change occurs in financial circumstances or family size during any year, the responsible ~~person party~~ party shall contact the Division to amend the financial statement.

Notices of Exempt Rulemaking

- ~~E.F.~~ The Department of Economic Security, Office of Accounts Receivable and Collections, The Division shall determine the cost of care portion based on the cost of care and the financial information submitted by the responsible person party.
- ~~F.G.~~ ~~The Division shall determine the actual cost of care for services listed in R6-6-1201(B).~~ Along with the monthly billing, the Division shall provide the responsible person party with the information used to determine the cost of care for the client.
- ~~G.H.~~ If the Division does not receive the required cost of care portion for two consecutive months, the Office of Accounts Receivable and Collections shall send a delinquent notice to the responsible party. If the responsible person party fails to make the overdue payment within 30 days after the date of the delinquent notice, the ~~Division~~ Office of Accounts Receivable and Collections may take further action to collect, including requesting a change in the representative payee for benefits or referring the case to the Office of the Attorney General.
- I.** The Division reserves the right to terminate services to a client for nonpayment.

**R6-6-1206. Review and Appeal**

- A.** If a responsible person party wants a review of the decision for the cost of care portion, the responsible person party shall request the review, either orally or in writing, within 10 ~~calendar~~ business days of ~~receipt of a billing, the date on the billing statement~~ to the Assistant Director, Division of Developmental Disabilities.
- B.** A responsible person party who contests the cost of care portion assessed according to this Article may request a fiscal administrative review pursuant to R6-6-1801 et seq. The responsible person party may file a formal appeal as described in R6-6-2001 et seq. after exhausting the fiscal administrative review.

*Arizona Administrative Register / Secretary of State*

**Notices of Exempt Rulemaking**

**Appendix A. Cost of Care Portion Table**

**DIVISION OF DEVELOPMENTAL DISABILITIES  
COST OF CARE PORTION TABLE  
FY 1996-1997**

Income based on 200% of Federal poverty guidelines issued March 4, 1996

PERCENT TO PAY OF SERVICES RECEIVED	FAMILY SIZE									
	1	2	3	4	5	6	7	8	9	10
	MONTHLY FAMILY INCOME									
0.0%	0 to \$1,290	0 to \$1,726	0 to \$2,164	0 to \$2,600	0 to \$3,036	0 to \$3,474	0 to \$3,910	0 to \$4,346	0 to \$4,784	0 to \$5,220
10.0%	\$1,291 to \$1,419	\$1,727 to \$1,899	\$2,165 to \$2,380	\$2,601 to \$2,860	\$3,037 to \$3,340	\$3,475 to \$3,821	\$3,911 to \$4,301	\$4,347 to \$4,781	\$4,785 to \$5,262	\$5,221 to \$5,742
13.0%	\$1,420 to \$1,548	\$1,900 to \$2,071	\$2,381 to \$2,597	\$2,861 to \$3,120	\$3,341 to \$3,643	\$3,822 to \$4,169	\$4,302 to \$4,692	\$4,782 to \$5,215	\$5,263 to \$5,741	\$5,743 to \$6,264
16.0%	\$1,549 to \$1,677	\$2,072 to \$2,244	\$2,598 to \$2,813	\$3,121 to \$3,380	\$3,644 to \$3,947	\$4,170 to \$4,516	\$4,693 to \$5,083	\$5,216 to \$5,650	\$5,742 to \$6,219	\$6,265 to \$6,786
19.0%	\$1,678 to \$1,806	\$2,245 to \$2,416	\$2,814 to \$3,030	\$3,381 to \$3,640	\$3,948 to \$4,250	\$4,517 to \$4,864	\$5,084 to \$5,474	\$5,651 to \$6,084	\$6,220 to \$6,698	\$6,787 to \$7,308
22.0%	\$1,807 to \$1,935	\$2,417 to \$2,589	\$3,031 to \$3,246	\$3,641 to \$3,900	\$4,251 to \$4,554	\$4,865 to \$5,211	\$5,475 to \$5,865	\$6,085 to \$6,519	\$6,699 to \$7,176	\$7,309 to \$7,830
25.0%	\$1,936 to \$2,064	\$2,590 to \$2,762	\$3,247 to \$3,462	\$3,901 to \$4,160	\$4,555 to \$4,858	\$5,212 to \$5,558	\$5,866 to \$6,256	\$6,520 to \$6,954	\$7,177 to \$7,654	\$7,831 to \$8,352
28.0%	\$2,065 to \$2,193	\$2,763 to \$2,934	\$3,463 to \$3,679	\$4,161 to \$4,420	\$4,859 to \$5,161	\$5,559 to \$5,906	\$6,257 to \$6,647	\$6,955 to \$7,388	\$7,655 to \$8,133	\$8,353 to \$8,874
31.0%	\$2,194 to \$2,322	\$2,935 to \$3,107	\$3,680 to \$3,895	\$4,421 to \$4,680	\$5,162 to \$5,465	\$5,907 to \$6,253	\$6,648 to \$7,038	\$7,389 to \$7,823	\$8,134 to \$8,611	\$8,875 to \$9,396
34.0%	\$2,323 to \$2,451	\$3,108 to \$3,279	\$3,896 to \$4,112	\$4,681 to \$4,940	\$5,466 to \$5,768	\$6,254 to \$6,601	\$7,039 to \$7,429	\$7,824 to \$8,257	\$8,612 to \$9,090	\$9,397 to \$9,918
37.0%	\$2,452 to \$2,580	\$3,280 to \$3,452	\$4,113 to \$4,328	\$4,941 to \$5,200	\$5,769 to \$6,072	\$6,602 to \$6,948	\$7,430 to \$7,820	\$8,258 to \$8,692	\$9,091 to \$9,568	\$9,919 to \$10,440
40.0%	\$2,581 to \$2,709	\$3,453 to \$3,625	\$4,329 to \$4,544	\$5,201 to \$5,460	\$6,073 to \$6,376	\$6,949 to \$7,295	\$7,821 to \$8,211	\$8,693 to \$9,127	\$9,569 to \$10,046	\$10,441 to \$10,962
43.0%	\$2,710 to \$2,838	\$3,626 to \$3,797	\$4,545 to \$4,761	\$5,461 to \$5,720	\$6,377 to \$6,679	\$7,296 to \$7,643	\$8,212 to \$8,602	\$9,128 to \$9,561	\$10,047 to \$10,525	\$10,963 to \$11,484
46.0%	\$2,839 to \$2,967	\$3,798 to \$3,970	\$4,762 to \$4,977	\$5,721 to \$5,980	\$6,680 to \$6,983	\$7,644 to \$7,990	\$8,603 to \$8,993	\$9,562 to \$9,996	\$10,526 to \$11,003	\$11,485 to \$12,006
49.0%	\$2,968 to \$3,096	\$3,971 to \$4,142	\$4,978 to \$5,194	\$5,981 to \$6,240	\$6,984 to \$7,286	\$7,991 to \$8,338	\$8,994 to \$9,384	\$9,997 to \$10,430	\$11,004 to \$11,482	\$12,007 to \$12,528
52.0%	\$3,097 to \$3,225	\$4,143 to \$4,315	\$5,195 to \$5,410	\$6,241 to \$6,500	\$7,287 to \$7,590	\$8,339 to \$8,685	\$9,385 to \$9,775	\$10,431 to \$10,865	\$11,483 to \$11,960	\$12,529 to \$13,050
55.0%	\$3,226 to \$3,354	\$4,316 to \$4,488	\$5,411 to \$5,626	\$6,501 to \$6,760	\$7,591 to \$7,894	\$8,686 to \$9,032	\$9,776 to \$10,166	\$10,866 to \$11,300	\$11,961 to \$12,438	\$13,051 to \$13,572
58.0%	\$3,355 to \$3,483	\$4,489 to \$4,660	\$5,627 to \$5,843	\$6,761 to \$7,020	\$7,895 to \$8,197	\$9,033 to \$9,380	\$10,167 to \$10,557	\$11,301 to \$11,734	\$12,439 to \$12,917	\$13,573 to \$14,094

**To determine amount to pay:**

1. Find family size, include any children out of the home that are receiving Division services.
2. Find Monthly Family Income (round to the nearest whole dollar).
3. Move down the correct family size column to the cell that contains the range corresponding to the monthly family income.
4. From that cell, move to the far left to the percent pay column.
5. The percent is the percent you are required to pay monthly for the services your family/child received.
6. For income higher than listed on the schedule: for every 4% increase in income, add 3% to the percent to pay for services.
7. **The payment amount is not to exceed the cost of services provided nor more than 10% of the monthly family income.**

*Arizona Administrative Register / Secretary of State*  
**Notices of Exempt Rulemaking**

**Appendix A. Cost of Care Portion Table**

**DIVISION OF DEVELOPMENTAL DISABILITIES**  
**COST OF CARE PORTION TABLE**

**Income based on 200% of federal poverty guidelines issued February 17, 2003**

PERCENT TO PAY OF SERVICES RECEIVED	FAMILY SIZE									
	1	2	3	4	5	6	7	8	9	10
	MONTHLY FAMILY INCOME									
0.0%	0 to \$1,497	0 to \$2,020	0 to \$2,543	0 to \$3,067	0 to \$3,590	0 to \$4,113	0 to \$4,637	0 to \$5,160	0 to \$5,683	0 to \$6,207
15.0%	\$1,498 to \$1,706	\$2,021 to \$2,303	\$2,544 to \$2,899	\$3,068 to \$3,496	\$3,591 to \$4,093	\$4,114 to \$4,689	\$4,638 to \$5,288	\$5,161 to \$5,882	\$5,684 to \$6,479	\$6,208 to \$7,076
20.0%	\$1,707 to \$1,916	\$2,304 to \$2,586	\$2,900 to \$3,255	\$3,497 to \$3,925	\$4,094 to \$4,595	\$4,690 to \$5,265	\$5,289 to \$5,939	\$5,883 to \$6,605	\$6,480 to \$7,275	\$7,077 to \$7,945
25.0%	\$1,917 to \$2,125	\$2,587 to \$2,868	\$3,256 to \$3,612	\$3,926 to \$4,355	\$4,596 to \$5,098	\$5,266 to \$5,841	\$5,939 to \$6,589	\$6,606 to \$7,327	\$7,276 to \$8,070	\$7,946 to \$8,813
30.0%	\$2,126 to \$2,335	\$2,869 to \$3,151	\$3,613 to \$3,968	\$4,356 to \$4,784	\$5,099 to \$5,600	\$5,842 to \$6,417	\$6,589 to \$7,239	\$7,328 to \$8,050	\$8,071 to \$8,866	\$8,814 to \$9,682
35.0%	\$2,336 to \$2,544	\$3,152 to \$3,434	\$3,969 to \$4,324	\$4,785 to \$5,213	\$5,601 to \$6,103	\$6,418 to \$6,993	\$7,239 to \$7,889	\$8,051 to \$8,772	\$8,867 to \$9,662	\$9,683 to \$10,551
40.0%	\$2,545 to \$2,754	\$3,435 to \$3,717	\$4,325 to \$4,680	\$5,214 to \$5,643	\$6,104 to \$6,606	\$6,994 to \$7,569	\$7,889 to \$8,539	\$8,773 to \$9,494	\$9,663 to \$10,457	\$10,552 to \$11,420
45.0%	\$2,755 to \$2,963	\$3,718 to \$4,000	\$4,681 to \$5,036	\$5,644 to \$6,072	\$6,607 to \$7,108	\$7,570 to \$8,144	\$8,539 to \$9,189	\$9,495 to \$10,217	\$10,458 to \$11,253	\$11,421 to \$12,289
50.0%	\$2,964 to \$3,173	\$4,001 to \$4,282	\$5,037 to \$5,392	\$6,073 to \$6,501	\$7,109 to \$7,611	\$8,145 to \$8,720	\$9,189 to \$9,839	\$10,218 to \$10,939	\$11,254 to \$12,049	\$12,290 to \$13,158
55.0%	\$3,174 to \$3,382	\$4,283 to \$4,565	\$5,393 to \$5,748	\$6,502 to \$6,931	\$7,612 to \$8,113	\$8,721 to \$9,296	\$9,839 to \$10,479	\$10,940 to \$11,662	\$12,050 to \$12,844	\$13,159 to \$14,027
60.0%	\$3,383 to \$3,592	\$4,566 to \$4,848	\$5,749 to \$6,104	\$6,932 to \$7,360	\$8,114 to \$8,616	\$9,297 to \$9,872	\$10,480 to \$11,128	\$11,663 to \$12,384	\$12,845 to \$13,640	\$14,028 to \$14,896
65.0%	\$3,593 to \$3,802	\$4,849 to \$5,131	\$6,105 to \$6,460	\$7,361 to \$7,789	\$8,617 to \$9,119	\$9,873 to \$10,448	\$11,129 to \$11,777	\$12,385 to \$13,106	\$13,641 to \$14,436	\$14,897 to \$15,765
70.0%	\$3,803 to \$4,011	\$5,132 to \$5,414	\$6,461 to \$6,816	\$7,790 to \$8,219	\$9,120 to \$9,621	\$10,449 to \$11,024	\$11,778 to \$12,426	\$13,107 to \$13,829	\$14,437 to \$15,231	\$15,766 to \$16,634
75.0%	\$4,012 to \$4,221	\$5,415 to \$5,696	\$6,817 to \$7,172	\$8,220 to \$8,648	\$9,622 to \$10,124	\$11,025 to \$11,600	\$12,427 to \$13,075	\$13,830 to \$14,551	\$15,232 to \$16,027	\$16,635 to \$17,503
80.0%	\$4,222 to \$4,430	\$5,697 to \$5,979	\$7,173 to \$7,528	\$8,649 to \$9,077	\$10,125 to \$10,626	\$11,601 to \$12,175	\$13,076 to \$13,725	\$14,552 to \$15,274	\$16,028 to \$16,823	\$17,504 to \$18,372
85.0%	\$4,431 to \$4,640	\$5,980 to \$6,262	\$7,529 to \$7,884	\$9,078 to \$9,507	\$10,627 to \$11,129	\$12,176 to \$12,751	\$13,726 to \$14,374	\$15,275 to \$15,996	\$16,824 to \$17,618	\$18,373 to \$19,241
90.0%	\$4,641 to \$4,849	\$6,263 to \$6,545	\$7,885 to \$8,240	\$9,508 to \$9,936	\$11,130 to \$11,632	\$12,752 to \$13,327	\$14,375 to \$15,023	\$15,997 to \$16,718	\$17,619 to \$18,414	\$19,242 to \$20,110
95.0%	\$4,850 to \$5,059	\$6,546 to \$6,828	\$8,241 to \$8,596	\$9,937 to \$10,365	\$11,633 to \$12,134	\$13,328 to \$13,903	\$15,024 to \$15,672	\$16,719 to \$17,441	\$18,415 to \$19,210	\$20,111 to \$20,979
100.0%	\$5,060 Or greater	\$6,829 Or greater	\$8,597 Or greater	\$10,366 Or greater	\$12,135 Or greater	\$13,904 Or greater	\$15,673 Or greater	\$17,442 Or greater	\$19,211 Or greater	\$20,980 Or greater

To determine amount to pay:

1. Find family size, include any children out of the home that are receiving Division services.
2. Find Monthly Family Income (round to the nearest whole dollar).
3. Move down the correct family size column to the cell that contains the range corresponding to the monthly family income.
4. From that cell, move to the far left to the percent pay column.
5. The percent is the percent you are required to pay monthly for the services your family/child received.
6. The payment amount shall not exceed the cost of services provided.