

Notices of Proposed Rulemaking

R9-22-1419	New Section
R9-22-1419.01	Repeal
R9-22-1419.02	Repeal
R9-22-1419.03	Repeal
R9-22-1419.04	Repeal
R9-22-1420	Repeal
R9-22-1420	New Section
R9-22-1421	Repeal
R9-22-1421	New Section
R9-22-1422	Repeal
R9-22-1422	New Section
R9-22-1423	Repeal
R9-22-1423	New Section
R9-22-1424	Repeal
R9-22-1424	New Section
R9-22-1425	Repeal
R9-22-1425	New Section
R9-22-1426	Repeal
R9-22-1426	New Section
R9-22-1427	Repeal
R9-22-1427	New Section
R9-22-1428	Repeal
R9-22-1428	New Section
R9-22-1429	Repeal
R9-22-1429	New Section
R9-22-1430	Repeal
R9-22-1430	New Section
R9-22-1431	Repeal
R9-22-1431	New Section
R9-22-1432	Repeal
R9-22-1432	New Section
R9-22-1433	Repeal
R9-22-1433	New Section
R9-22-1435	New Section
R9-22-1436	New Section
R9-22-1437	New Section
R9-22-1438	New Section
R9-22-1439	New Section
R9-22-1440	New Section
R9-22-1441	New Section
Article 15	Amend
R9-22-1501	Amend
R9-22-1502	Amend
R9-22-1503	Amend
R9-22-1504	Amend
R9-22-1505	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. § 36-2903.01

Implementing statute: A.R.S. § 36-2903.01

3. A list of all previous notices appearing in the Register addressing the proposed rule:

Notice of Rulemaking Docket Opening: 11 A.A.R. 1940, May 20, 2005

4. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:

Name: Linda Barry
Address: AHCCCS
Office of Legal Assistance
701 E. Jefferson, Mail Drop 6200
Phoenix, AZ 85034
Telephone: (602) 417-4484
Fax: (602) 253-9115

E-mail: AHCCCSRules@azahcccs.gov

5. An explanation of the rule, including the agency's reasons for initiating the rule:

The Administration is proposing amendments to the rules to revise, reorganize, and clarify the eligibility criteria to determine if a family or individual is eligible for AHCCCS medical coverage. The Administration is updating the existing rules on eligibility to make them consistent with current practices and with changes to federal law as well as to make the rules clear, concise, and understandable.

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

The Administration did not review any study relevant to these rules.

7. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

8. The preliminary summary of the economic, small business, and consumer impact:

It is anticipated that the contractors, members, providers, the Department, and the Administration will be minimally impacted by the changes to the rule language. The rules clarify and define the eligibility rules for the AHCCCS acute care program. The Administration is proposing amendments to the rules to revise, reorganize, and clarify the eligibility criteria to determine if a family or individual is eligible for AHCCCS medical coverage. The Administration is updating the existing rules on eligibility to make them consistent with current practices and federal law changes and to make them clear, concise, and understandable.

It is anticipated that the private sector, including small businesses or political subdivisions, will be nominally impacted since the proposed rule language changes are intended to clarify, revise, and reorganize the existing rules. The Administration, contractors, providers, and members will benefit due to the increased clarity of certain rules pertaining to the application processes and the methodologies for determining income eligibility.

9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:

Name: Linda Barry
Address: AHCCCS
Office of Legal Assistance
701 E. Jefferson, Mail Drop 6200
Phoenix, AZ 85034
Telephone: (602) 417-4484
Fax: (602) 253-9115
E-mail: AHCCCSRules@azahcccs.gov

Proposed rule language is anticipated to be available on the AHCCCS web site (www.azahcccs.gov) the week of June 20, 2005. Please send written or e-mailed comments to the above address by 5:00 p.m., August 16, 2005.

10. The time, place, and nature of the proceedings for the making, amendment, or repeal of the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:

Date: August 16, 2005
Time: 2:00 p.m.
Location: AHCCCS
701 E. Jefferson
Phoenix, AZ 85034
Nature: Public Hearing

Date: August 16, 2005
Time: 2:00 p.m.
Location: ALTCS: Arizona Long-term Care System
110 S. Church, Suite 1360
Tucson, AZ 85701
Nature: Public Hearing

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Date: August 16, 2005
Time: 2:00 p.m.
Location: ALTCS: Arizona Long-term Care System
3480 E. Route 66
Flagstaff, AZ 86004
Nature: Public Hearing

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

None

12. Incorporations by reference and their location in the rules:

None

13. The full text of the rules follows:

ARTICLE 1. DEFINITIONS

Section

R9-22-101. Location of Definitions
R9-22-114. ~~AHCCCS Medical Coverage for Families and Individuals Related Definitions~~ Repealed
R9-22-115. ~~AHCCCS Medical Coverage for People Who Are Aged, Blind, or Disabled Related Definitions~~ Repealed

ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR FAMILIES AND INDIVIDUALS

Section

R9-22-1401. General Information
R9-22-1402. Ineligible Person
R9-22-1403. Agency Responsible for Determining Eligibility
R9-22-1404. ~~Confidentiality Assignment of Rights Under Operation of Law~~
R9-22-1405. ~~Application Process Confidentiality and Safeguard of Information~~
R9-22-1406. ~~Applicant and Member Responsibility Application Process~~
R9-22-1407. ~~Withdrawal of Application Deceased Applicants~~
R9-22-1408. ~~Eligibility Interview or Home Visit Applicant and Member Responsibility~~
R9-22-1409. ~~Withdrawal from AHCCCS Medical Coverage Withdrawal of Application~~
R9-22-1410. ~~Verification of Eligibility Information Eligibility Interview or Home Visit~~
R9-22-1411. ~~Time-frames, Approval, or Denial of the Application Withdrawal from AHCCCS Medical Coverage~~
R9-22-1412. ~~Review of Eligibility Verification of Eligibility Information~~
R9-22-1413. ~~Notice of Discontinuance Action Time-frames, Approval, or Denial of the Application~~
R9-22-1414. ~~Effective Date of Eligibility Review of Eligibility~~
R9-22-1415. ~~Operation of Law Notice of Discontinuance Action~~
R9-22-1416. ~~Social Security Number Effective Date of Eligibility~~
R9-22-1417. ~~State Residency Social Security Number~~
R9-22-1418. ~~Citizenship and Immigrant Status State Residency~~
R9-22-1419. ~~Income Eligibility Criteria Citizenship and Immigrant Status~~
R9-22-1419.01. ~~Income Eligibility~~ Repealed
R9-22-1419.02. ~~Methods For Calculating Monthly Income~~ Repealed
R9-22-1419.03. ~~Calculations and Use of Methods Listed In R9-22-1419.02 Based on Frequency of Income~~ Repealed
R9-22-1419.04. ~~Exceptions To R9-22-1419.03~~ Repealed
R9-22-1420. ~~Eligibility for a Family Income Eligibility Criteria~~
R9-22-1421. ~~Eligibility for a Person Not Eligible as a Family Income Eligibility~~
R9-22-1422. ~~Eligibility for a Newborn Methods for Calculating Monthly Income~~
R9-22-1423. ~~Extended Medical Coverage for a Pregnant Woman Calculations and Use of Methods Listed in R9-22-1422 Based on Frequency of Income~~
R9-22-1424. ~~Family Planning Services Extension Program Use of Methods Listed in R9-22-1423 Based on Type of Income~~
R9-22-1425. ~~Young Adult Transitional Insurance Sponsor Deemed Income~~
R9-22-1426. ~~Special Groups for Children Exemptions to Sponsor Deemed Income~~
R9-22-1427. ~~Eligibility for a Person With Medical Bills Whose Income is Over 100 Percent FPL Eligibility for a Family~~
R9-22-1428. ~~MED Family Unit Eligibility for a Person Not Eligible as a Family~~
R9-22-1429. ~~MED Income Eligibility Requirements Eligibility for a Newborn~~

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- R9-22-1430. ~~MED Resource Eligibility Requirements~~ Extended Medical Coverage for a Pregnant Woman
- R9-22-1431. ~~MED Effective Date of Eligibility~~ Family Planning Services Extension Program
- R9-22-1432. ~~MED Eligibility Period~~ Young Adult Transitional Insurance
- R9-22-1433. ~~Eligibility Appeals~~ Special Groups for Children
- R9-22-1435. ~~Repeated~~ Eligibility for a Person With Medical Bills Whose Income is Over 100 Percent FPL
- R9-22-1436. ~~Repeated~~ MED Family Unit
- R9-22-1437. MED Income Eligibility Requirements
- R9-22-1438. MED Resource Eligibility Requirements
- R9-22-1439. MED Effective Date of Eligibility
- R9-22-1440. MED Eligibility Period
- R9-22-1441. Eligibility Appeals

ARTICLE 15. AHCCCS MEDICAL COVERAGE FOR PEOPLE WHO ARE AGED, BLIND, OR DISABLED

Section

- R9-22-1501. General Information
- R9-22-1502. General Eligibility Criteria
- R9-22-1503. Financial Eligibility Criteria
- R9-22-1504. Eligibility For A Person Who Is Aged, Blind, Or Disabled
- R9-22-1505. Eligibility for Special Groups

ARTICLE 1. DEFINITIONS

R9-22-101. Location of Definitions

A. Location of definitions. Definitions applicable to this Chapter are found in the following:

Definition	Section or Citation
“Accommodation”	R9-22-107 <u>R9-22-701</u>
“Act”	R9-22-114 <u>R9-22-101</u>
“Active case”	R9-22-109
“ADHS”	R9-22-112
“Administration”	A.R.S. § 36-2901
“Administrative law judge”	R9-22-108
“Administrative review”	R9-22-108
“Advanced Life Support” or “ALS”	R9-25-101
“Adverse action”	R9-22-114 <u>R9-22-101</u>
“Affiliated corporate organization”	R9-22-106
“Aged” 42 U.S.C. 1382c(a)(1)(A) and	R9-22-115 <u>R9-22-1501</u>
“Aggregate”	R9-22-107 <u>R9-22-701</u>
“AHCCCS”	R9-22-101
“AHCCCS inpatient hospital day or days of care”	R9-22-107 <u>R9-22-701</u>
“AHCCCS registered provider”	R9-22-101
“Ambulance”	A.R.S. § 36-2201
“Ancillary department”	R9-22-107 <u>R9-22-701</u>
“Annual assessment period”	R9-22-109
“Annual assessment period report”	R9-22-109
“Annual enrollment choice”	R9-22-117
“Appellant”	R9-22-114 <u>R9-22-101</u>
“Applicant”	R9-22-101
“Application”	R9-22-101
“Assignment”	R9-22-101
“Attending physician”	R9-22-101
“Authorized representative”	R9-22-114 <u>R9-22-101</u>
“Auto-assignment algorithm”	R9-22-117
“Baby Arizona”	R9-22-114 <u>R9-22-1401</u>
“Basic Life Support” or “BLS”	R9-25-101
“Behavior management services”	R9-22-112
“Behavioral health evaluation”	R9-22-112

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“Behavioral health medical practitioner”	R9-22-112
“Behavioral health professional”	R9-20-101
“Behavioral health service”	R9-22-112
“Behavioral health technician”	R9-20-101
“Behavior management services”	R9-22-112
“BHS”	R9-22-114 <u>R9-22-1401</u>
“Billed charges”	R9-22-107 <u>R9-22-701</u>
“Blind”	R9-22-115 <u>R9-22-1501</u>
“Board-eligible for psychiatry”	R9-22-112
“Burial plot”	R9-22-114 <u>R9-22-1401</u>
“Capital costs”	R9-22-107 <u>R9-22-701</u>
“Capped fee-for-service”	R9-22-101
“Caretaker relative”	R9-22-114 <u>R9-22-1401</u>
“Case”	R9-22-109
“Case record”	R9-22-109
“Case review”	R9-22-109
“Cash assistance”	R9-22-114 <u>R9-22-1401</u>
“Categorically-eligible”	R9-22-101
“Certified psychiatric nurse practitioner”	R9-22-112
“Clean claim”	A.R.S. § 36-2904
“Clinical supervision”	R9-22-112
“CMDP”	R9-22-117
“CMS”	R9-22-101
“Complainant”	R9-22-108
“Continuous stay”	R9-22-101
“Contract”	R9-22-101
“Contractor”	A.R.S. § 36-2901
“Copayment”	R9-22-107 <u>R9-22-701</u>
“Corrective action plan”	R9-22-109
“Cost-to-charge ratio”	R9-22-107 <u>R9-22-701</u>
“Covered charges”	R9-22-107 <u>R9-22-701</u>
“Covered services”	R9-22-102
“CPT”	R9-22-107 <u>R9-22-701</u>
“CRS”	R9-22-114 <u>R9-22-1401</u>
“Cryotherapy”	R9-22-120
“Date of eligibility posting”	R9-22-107 <u>R9-22-701</u>
“Date of notice”	R9-22-108
“Day”	R9-22-101
“DCSE”	R9-22-114 <u>R9-22-1401</u>
“De novo hearing”	42 CFR 431.201
“Dentures”	R9-22-102
“Department”	A.R.S. § 36-2901
“Dependent child”	A.R.S. § 46-101
“DES”	R9-22-101
“Diagnostic services”	R9-22-102
“Director”	R9-22-101
“Disabled”	R9-22-115 <u>R9-22-1501</u>
“Discussions”	R9-22-106
“Disenrollment”	R9-22-117
“District”	R9-22-109
“DME”	R9-22-102
“DRI inflation factor”	R9-22-107 <u>R9-22-701</u>
“E.P.S.D.T. services”	42 CFR 441 Subpart B
“Eligible person”	A.R.S. § 36-2901
“Emergency medical condition”	42 U.S.C. 1396b(v)(3)
“Emergency medical services”	R9-22-102
“Emergency services costs”	A.R.S. § 36-2903.07
“Encounter”	R9-22-107 <u>R9-22-701</u>
“Enrollment”	R9-22-117

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“Enumeration”	R9-22-101
“Equity”	R9-22-101
“Experimental services”	R9-22-101
“Error”	R9-22-109
“FAA”	R9-22-114 <u>R9-22-1401</u>
“Facility”	R9-22-101
“Factor”	42 CFR 447.10
“FBR”	R9-22-101
“Fee-For-Service” or “FFS”	R9-28-101
“FESP”	R9-22-101
“Finding”	R9-22-109
“First-party liability”	R9-22-110
“Foster care maintenance payment”	42 U.S.C. 675(4)(A)
“Federal poverty level” (“FPL”) or <u>“FPL”</u>	A.R.S. § 1-215
“FQHC”	R9-22-101
“Grievance”	R9-22-108
“GSA”	R9-22-101
“Health care practitioner”	R9-22-112
“Hearing”	R9-22-108
“Hearing aid”	R9-22-102
“Home health services”	R9-22-102
“Homebound”	R9-22-114 <u>R9-22-1401</u>
“Hospital”	R9-22-101
“Intermediate Care Facility for the Mentally Retarded” or “ICF-MR”	42 CFR 483 Subpart I
“ICU”	R9-22-107 <u>R9-22-701</u>
“IHS”	R9-22-117
“IMD”	42 CFR 435.1009 and R9-22-112
“Income”	R9-22-114 <u>R9-22-1401</u>
“Inmate of a public institution”	42 CFR 435.1009
“Interested party”	R9-22-106
“LEEP”	R9-22-120
<u>“Legal representative”</u>	<u>R9-22-101</u>
“Level I trauma center”	R9-22-2101
“License” or “licensure”	R9-22-101
<u>“Liquid assets”</u>	<u>R9-22-1401</u>
“Mailing date”	R9-22-114 <u>R9-22-101</u>
“Management evaluation review”	R9-22-109
“Medical education costs”	R9-22-107 <u>R9-22-701</u>
“Medical expense deduction”	R9-22-114 <u>R9-22-1401</u>
“Medical record”	R9-22-101
“Medical review”	R9-22-107 <u>R9-22-701</u>
“Medical services”	A.R.S. § 36-401
“Medical supplies”	R9-22-102
“Medical support”	R9-22-114 <u>R9-22-1401</u>
“Medically necessary”	R9-22-101
“Medicare claim”	R9-22-107 <u>R9-22-701</u>
“Medicare HMO”	R9-22-101
“Member”	A.R.S. § 36-2901
“Mental disorder”	A.R.S. § 36-501
“New hospital”	R9-22-107 <u>R9-22-701</u>
“Nursing facility” or “NF”	42 U.S.C. 1396r(a)
“NICU”	R9-22-107 <u>R9-22-701</u>
<u>“Non-IHS Acute Hospital”</u>	<u>R9-22-701</u>
“Noncontracting provider”	A.R.S. § 36-2901
“Nonparent caretaker relative”	R9-22-114 <u>R9-22-1401</u>
“Notice of Findings”	R9-22-109
“OAH”	R9-22-108
“Occupational therapy”	R9-22-102

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“Offeror”	R9-22-106
“Ownership interest”	42 CFR 455.101
“Operating costs”	R9-22-107 <u>R9-22-701</u>
“Outlier”	R9-22-107 <u>R9-22-701</u>
“Outpatient hospital service”	R9-22-107 <u>R9-22-701</u>
“Ownership change”	R9-22-107 <u>R9-22-701</u>
“Partial Care”	R9-22-112
“Party”	R9-22-108
“Peer group”	R9-22-107 <u>R9-22-701</u>
“Performance measures”	R9-22-109
“Pharmaceutical service”	R9-22-102
“Physical therapy”	R9-22-102
“Physician”	R9-22-102
“Prior period coverage” or “PPC”	R9-22-107 <u>R9-22-701</u>
“Post-stabilization care services”	42 CFR 422.113
“Practitioner”	R9-22-102
“Pre-enrollment process”	R9-22-114 <u>R9-22-1401</u>
“Preponderance of evidence”	R9-22-109
“Prescription”	R9-22-102
“Primary care provider (PCP)”	R9-22-102
“Primary care provider services”	R9-22-102
“Prior authorization”	R9-22-102
“Private duty nursing services”	R9-22-102
“Proposal”	R9-22-106
“Prospective rates”	R9-22-107 <u>R9-22-701</u>
“Prospective rate year”	R9-22-107 <u>R9-22-701</u>
“Psychiatrist”	R9-22-112
“Psychologist”	R9-22-112
“Psychosocial rehabilitation services”	R9-22-112
“Qualified alien”	A.R.S. § 36-2903.03
“Quality management”	R9-22-105 <u>R9-22-501</u>
“Radiology”	R9-22-102
“Random sample”	R9-22-109
“RBHA”	R9-22-112
“Rebasing”	R9-22-107 <u>R9-22-701</u>
“Referral”	R9-22-101
“Rehabilitation services”	R9-22-102
“Reinsurance”	R9-22-107 <u>R9-22-701</u>
“Remittance advice”	R9-22-107 <u>R9-22-701</u>
“Resources”	R9-22-114 <u>R9-22-1401</u>
“Respiratory therapy”	R9-22-102
“Respondent”	R9-22-108
“Responsible offeror”	R9-22-106
“Responsive offeror”	R9-22-106
“Review”	R9-22-114 <u>R9-22-101</u>
“Review period”	R9-22-109
“RFP”	R9-22-106
“Scope of services”	R9-22-102
“ SDAD ”	R9-22-107
“Section 1115 Waiver”	A.R.S. § 36-2901
“Service location”	R9-22-101
“Service site”	R9-22-101
“SESP”	R9-22-101
“ S.O.B.R.A. ”	R9-22-101
“Specialist”	R9-22-102
“ Specified relative ”	R9-22-114
“Speech therapy”	R9-22-102
“Spendthrift restriction”	R9-22-114 <u>R9-22-1401</u>
“Spouse”	R9-22-101

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“SSA”	42 CFR 1000.10
“SSI”	42 CFR 435.4
“SSN”	R9-22-101
“Stabilize”	42 U.S.C. 1395dd
“Standard of care”	R9-22-101
“Sterilization”	R9-22-102
“Subcontract”	R9-22-101
“Submitted”	A.R.S. § 36-2904
“Summary report”	R9-22-109
“SVES”	R9-22-114 <u>R9-22-1401</u>
“Third-party”	R9-22-110
“Third-party liability”	R9-22-110
“Tier”	R9-22-107
“Tiered per diem”	R9-22-107 <u>R9-22-701</u>
“Title IV-D”	R9-22-114 <u>R9-22-1401</u>
“Title IV-E”	R9-22-114 <u>R9-22-1401</u>
“Tolerance level”	R9-22-109
“Trauma and Emergency Services Fund”	A.R.S. § 36-2903.07
“Tribal Facility”	<u>R9-22-101</u>
“Unrecovered trauma readiness costs”	R9-22-2101
“Utilization management”	R9-22-105 <u>R9-22-501</u>
“WWHP”	R9-22-120

B. General definitions. In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

“Act” means the Social Security Act.

“Adverse action” means an action taken by the Department or Administration to deny, discontinue, or reduce medical assistance.

“AHCCCS” means the Arizona Health Care Cost Containment System, which is composed of the Administration, contractors, and other arrangements through which health care services are provided to a member.

“AHCCCS registered provider” means a provider or noncontracting provider who:

Enters into a provider agreement with the Administration under R9-22-703(A); and

Meets license or certification requirements to provide AHCCCS covered services.

“Appellant” means an applicant or member who is appealing an adverse action by the Department or Administration.

“Applicant” means a person who submits or whose authorized representative submits, a written, signed, and dated application for AHCCCS benefits.

“Application” means an official request for AHCCCS medical coverage made under this Chapter.

“Assignment” means enrollment of a member with a contractor by the Administration.

“Attending physician” means a licensed allopathic or osteopathic doctor of medicine who has primary responsibility for providing or directing preventive and treatment services for a fee-for-service member.

“Authorized representative” means a person who is authorized to apply or act on behalf of another person.

“Capped fee-for-service” means the payment mechanism by which a provider of care is reimbursed upon submission of a valid claim for a specific AHCCCS-covered service or equipment provided to a member. A payment is made in accordance with an upper, or capped, limit established by the Director. This capped limit can be either a specific dollar amount or a percentage of billed charges.

“Categorically-eligible” means a person who is eligible under A.R.S. §§ 36-2901(6)(a)(i), (ii), or (iii) and 36-2934.

“CMS” means the Centers for Medicare and Medicaid Services.

“Continuous stay” means the period during which a member receives inpatient hospital services without interruption beginning with the date of admission and ending with the date of discharge or date of death.

“Contract” means a written agreement entered into between a person, an organization, or other entity and the Administration to provide health care services to a member under A.R.S. Title 36, Chapter 29, and this Chapter.

“Day” means a calendar day unless otherwise specified.

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“DES” means the Department of Economic Security.

“Director” means the Director of the Administration or the Director’s designee.

“Eligible person” means a person as defined in A.R.S. § 36-2901.

“Enumeration” means the assignment of a specific nine-digit identification number to a person by the Social Security Administration.

“Equity” means the county assessor full cash or market value of a resource minus valid liens, encumbrances, or both.

~~“Experimental services” means services that are associated with treatment or diagnostic evaluation that meets one or more of the following criteria:~~

~~Is not generally and widely accepted as a standard of care in the practice of medicine in the United States;~~

~~Does not have evidence of safety and effectiveness documented in peer reviewed articles in medical journals published in the United States; or~~

~~Lacks authoritative evidence by the professional medical community of safety and effectiveness because the services are rarely used, novel, or relatively unknown in the professional medical community.~~

“Experimental service” means services that are associated with treatment or diagnostic evaluation and that are not generally and widely accepted as a standard of care in the practice of medicine in the United States unless:

The weight of the evidence in peer-reviewed articles in medical journals published in the United States supports the safety and effectiveness of the service; or

In the absence of such articles, for services that are rarely used, novel, or relatively unknown in the general professional medical community, the weight of opinions from specialists who provide the service attest to the safety and effectiveness of the service.

“Facility” means a building or portion of a building licensed or certified by the Arizona Department of Health Services as a health care institution, under A.R.S. Title 36, Chapter 4, to provide a medical service, a nursing service, or other health care or health-related service.

“FBR” means Federal Benefit Rate, the maximum monthly Supplemental Security Income payment rate for a member or a married couple.

“FESP” means a federal emergency services program covered under R9-22-217, to treat an emergency medical condition for a member who is determined eligible under A.R.S. § 36-2903.03(D).

“FQHC” means federally qualified health center.

“GSA” means a geographical service area designated by the Administration within which a contractor provides, directly or through a subcontract, a covered health care service to a member enrolled with that contractor.

“Hospital” means a health care institution that is licensed as a hospital by the Arizona Department of Health Services under A.R.S. Title 36, Chapter 4, Article 2, and certified as a provider under Title XVIII of the Social Security Act, as amended, or is currently determined, by the Arizona Department of Health Services as the CMS designee, to meet the requirements of certification.

“Legal representative” means a custodial parent of a child under 18, a guardian, or a conservator.

“License” or “licensure” means a nontransferable authorization that is awarded based on established standards in law, is issued by a state or a county regulatory agency or board, and allows a health care provider to lawfully render a health care service.

“Mailing date,” when used in reference to a document sent first class, postage prepaid, through the United States mail, means the date:

Shown on the postmark;

Shown on the postage meter mark of the envelope, if no postmark; or

Entered on the document as the date of its completion, if no legible postmark or postage meter mark or if the mark is illegible.

“Medical record” means all documents that relate to medical and behavioral health services provided to a member by a physician or other licensed practitioner of the healing arts and that are kept at the site of the provider.

“Medically necessary” means a covered service provided by a physician or other licensed practitioner of the healing arts within the scope of practice under state law to prevent disease, disability, or other adverse health conditions or their progression, or prolong life.

“Medicare HMO” means a health maintenance organization that has a current contract with Centers for Medicare and Medicaid for participation in the Medicare program under 42 CFR 417(L).

“Referral” means the process by which a member is directed by a primary care provider or an attending physician to another appropriate provider or resource for diagnosis or treatment.

“Review” means a review of all factors affecting a member’s eligibility.

“Service location” means a location at which a member obtains a covered health care service provided by a physician or other licensed practitioner of the healing arts under the terms of a contract.

“Service site” means a location designated by a contractor as the location at which a member is to receive covered health care services.

“SESP” means state emergency services program covered under R9-22-217 to treat an emergency medical condition for a qualified alien or noncitizen who is determined eligible under A.R.S. § 36-2901.06.

~~“S.O.B.R.A.” means Section 9401 of the Sixth Omnibus Budget Reconciliation Act, 1986, amended by the Medicare Catastrophic Coverage Act of 1988, 42 U.S.C. 1396a(a)(10)(A)(i)(IV), 42 U.S.C. 1396a(a)(10)(A)(i)(VI), and 42 U.S.C. 1396a(a)(10)(A)(i)(VII).~~

“Spouse” means a person who has entered into a contract of marriage, recognized as valid by Arizona.

“SSN” means social security number.

“Standard of care” means a medical procedure or process that is accepted as treatment for a specific illness, or injury, medical condition through custom, peer review, or consensus by the professional medical community.

“Subcontract” means an agreement entered into by a contractor with any of the following:

A provider of health care services who agrees to furnish covered services to a member;

A marketing organization; or

Any other organization or person who agrees to perform any administrative function or service for a contractor specifically related to securing or fulfilling the contractor’s obligation to the Administration under the terms of a contract.

R9-22-114. ~~AHCCCS Medical Coverage for Families and Individuals Related Definitions Repealed~~

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

~~“Act” means the Social Security Act.~~

~~“Adverse action” means an action taken by the Department to deny, discontinue, or reduce medical assistance.~~

~~“Appellant” means an applicant or member who is appealing an adverse action by the Department.~~

~~“Authorized representative” means a person who is authorized to apply or act on behalf of another person.~~

~~“Baby Arizona” means the public or private partnership program that provides a pregnant woman an opportunity to apply for AHCCCS medical coverage at a Baby Arizona provider’s office through a streamlined eligibility process.~~

~~“BHS” means Behavioral Health Services, Arizona Department of Health Services.~~

~~“Burial plot” means a space reserved in a cemetery, crypt, vault, or mausoleum for the remains of a deceased person.~~

~~“Caretaker relative” means a parent or other specified relative who maintains a family setting for a dependent child and who exercises responsibility for the day-to-day physical care, guidance, and support of that child.~~

~~“Cash assistance” means a program administered by the Department that provides assistance to needy families with dependent children under 42 U.S.C. 601 et seq.~~

~~“CRS” means ADHS Children’s Rehabilitation Services.~~

~~“DCSE” means the Division of Child Support Enforcement, which is the division within the Department that administers the Title IV-D program and includes a contract agent operating a child support enforcement program on behalf of the Department.~~

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“Dependent child” means a child defined in A.R.S. § 46-101.

“FAA” means the Family Assistance Administration, the administration within the Department’s Division of Benefits and Medical Eligibility with responsibility for providing cash and food stamp assistance to a member and for determining eligibility for AHCCCS medical coverage.

“Foster care maintenance payment” means a monetary amount defined in 42 U.S.C. 675(4)(A).

“Homebound” means a person who is confined to home because of physical or mental incapacity.

“Income” means combined earned and unearned income.

“Mailing date,” when used in reference to a document sent first class, postage prepaid, through the United States mail, means the date:

Shown on the postmark;

Shown on the postage meter mark of the envelope, if no postmark; or

Entered on the document as the date of its completion, if no legible postmark or postage meter mark or if the mark is illegible.

“Medical expense deduction” means the cost of:

A medical service or supply that would be covered if provided to an AHCCCS member of any age under 9 A.A.C. 22, Articles 2 and 12;

A medical service or supply that would be covered if provided to an ALTCS member under 9 A.A.C. 28, Articles 2 and 11;

Other necessary medical services provided by a licensed practitioner or physician;

Assistance with daily living provided the assistance is documented in an individual plan of care except when provided by the spouse of a applicant or the parent of a minor child;

Medical services provided in a licensed nursing home, supervisory care facility, adult foster home, or in another residential care facility licensed by the Arizona Department of Health Services;

Purchasing and maintaining animal guide or service animal for the assistance of the member of the MED family unit; or

Health insurance premiums, deductibles, and coinsurance, if the insured is a member of the MED family unit.

“Medical support” means an obligation of a natural or adoptive parent to provide health care coverage in the form of health insurance or court ordered payment for medical care.

“Nonparent caretaker relative” means a person, other than a parent, who is related by blood, marriage, or lawful adoption to the dependent child and who:

Maintains a family setting for the dependent child; and

Exercises responsibility for the day-to-day care of the dependent child.

“Pre enrollment process” means the process that provides an applicant the opportunity to choose an AHCCCS health plan before the determination of eligibility is completed.

“Resources” means real and personal property, including liquid assets.

“Review” means a review of all factors affecting an unit’s a family’s eligibility.

“Specified relative” natural or adoptive parent or a stepparent and any other nonparent relative related by blood or adoption including a spouse of these persons even if death or divorce terminates the marriage. Specified relative may include:

Grandmother;

Grandfather;

Brother;

Sister;

Uncle;

Aunt;

First cousin;

Nephew;

Niece;

Persons of preceding generations as denoted by prefixes grand or great, or to the fifth degree grandparent; and

First cousins once removed.

“Spendthrift restriction” means a legal restriction on the use of a resource that prevents a payee or beneficiary from alienating the resource.

“SVES” means the State Verification and Exchange System, a system through which the Department exchanges income and benefit information with the Internal Revenue Service, Social Security Administration, State Wage, and Unemployment Insurance Benefit data files.

“Title IV D” of the Social Security Act means 42 U.S.C. 651-669, the statutes establishing the child support enforcement and establishment of paternity program.

“Title IV E” of the Social Security Act means 42 U.S.C. 670-679, the statutes establishing the foster care and adoption assistance programs.

R9-22-115. AHCCCS Medical Coverage for People Who Are Aged, Blind, or Disabled Related Definitions Repealed

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

“Aged” means a person who is 65 years of age or older, specified in 42 U.S.C. 1382e(a)(1)(A).

“Blind” means a person who has been determined blind by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382e(a)(2).

“Disabled” means a person who has been determined disabled by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382e(a)(3)(A) through (E).

ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR FAMILIES AND INDIVIDUALS

R9-22-1401. General Information

This Article contains eligibility criteria to determine if a family or individual is eligible for AHCCCS medical coverage.

A. Scope. This Article contains eligibility criteria to determine if a family or individual is eligible for AHCCCS medical coverage.

B. Definitions. In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

“Baby Arizona” means the public or private partnership program that provides a pregnant woman an opportunity to apply for AHCCCS medical coverage at a Baby Arizona provider’s office through a streamlined eligibility process.

“BHS” means Behavioral Health Services, Arizona Department of Health Services.

“Burial plot” means a space reserved in a cemetery, crypt, vault, or mausoleum for the remains of a deceased person.

“Caretaker relative” means a parent who maintains a family setting for a dependent child and who exercises responsibility for the day-to-day physical care, guidance, and support of that child.

“Cash assistance” means a program administered by the Department that provides assistance to needy families with dependent children under 42 U.S.C. 601 et seq.

“CRS” means ADHS Children’s Rehabilitation Services.

“DCSE” means the Division of Child Support Enforcement, which is the division within the Department that administers the Title IV-D program and includes a contract agent operating a child support enforcement program on behalf of the Department.

“Dependent child” means a child defined in A.R.S. § 46-101.

“FAA” means the Family Assistance Administration, the administration within the Department’s Division of Benefits and Medical Eligibility with responsibility for providing cash and food stamp assistance to a member and for determining eligibility for AHCCCS medical coverage.

“Foster care maintenance payment” means a monetary amount defined in 42 U.S.C. 675(4)(A).

“Homebound” means a person who is confined to home because of physical or mental incapacity.

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“Income” means combined earned and unearned income.

“Indigent” means the applicant’s total income, including sponsor income actually received, is less than or equal to 100% of the Federal Poverty Limit for the size of the income group.

“Liquid assets” means those properties in the form of cash or other financial instruments which are convertible to cash and include:

Savings accounts;

Checking accounts;

Stocks, bonds;

Mutual fund shares;

Promissory notes;

Cash value of insurance policies; and

Similar properties.

“Medical expense deduction” means the cost of the following expenses when incurred in the United States:

A medical service or supply that would be covered if provided to an AHCCCS member of any age under 9 A.A.C. 22, Articles 2 and 12;

A medical service or supply that would be covered if provided to an ALTCS member under 9 A.A.C. 28, Articles 2 and 11;

Other necessary medical services provided by a licensed practitioner or physician;

Assistance with daily living provided the assistance is documented in an individual plan of care except when provided by the spouse of a applicant or the parent of a minor child;

Medical services provided in a licensed nursing home, supervisory care facility, adult foster home, or another residential care facility licensed by the Arizona Department of Health Services;

Purchasing and maintaining animal guide or service animal for the assistance of the member of the MED family unit; and

Health insurance premiums, deductibles, and coinsurance, if the insured is a member of the MED family unit.

“Medical support” means an obligation of a natural or adoptive parent to provide health care coverage in the form of health insurance or court-ordered payment for medical care.

“Nonparent caretaker relative” means a person, other than a parent, who is related by blood, marriage, or lawful adoption to the dependent child and who:

Maintains a family setting for the dependent child, and

Exercises responsibility for the day-to-day care of the dependent child.

“Pre-enrollment process” means the process that provides an applicant the opportunity to choose an AHCCCS health plan before the determination of eligibility is completed.

“Resources” means real and personal property, including liquid assets.

“Spendthrift restriction” means a legal restriction on the use of a resource that prevents a payee or beneficiary from alienating the resource.

“SVES” means the State Verification and Exchange System, a system through which the Department exchanges income and benefit information with the Internal Revenue Service, Social Security Administration, State Wage, and Unemployment Insurance Benefit data files.

“Title IV-D” of the Social Security Act means 42 U.S.C. 651-669, the statutes establishing the child support enforcement and establishment of paternity program.

“Title IV-E” of the Social Security Act means 42 U.S.C. 670-679, the statutes establishing the foster care and adoption assistance programs.

“USCIS” means the United States Citizen and Immigration Services.

R9-22-1402. Ineligible Person

A person is not eligible for AHCCCS ~~medical coverage~~ health insurance if the person is:

1. An inmate of a public institution if federal financial participation (FFP) is not available, or
2. Age 21 through age 64 and is residing in an Institution for Mental Disease under 42 CFR 435.1009 except when allowed under the Administration's Section 1115 IMD waiver with CMS.

R9-22-1403. Agency Responsible for Determining Eligibility

The Department shall determine eligibility under the provisions of this Article. The Department shall not discriminate against an eligible person or member because of race, color, creed, religion, ancestry, marital status, sexual ~~preference~~ orientation, national origin, age, ~~sex~~ gender, or physical or mental disability in accordance with Title VI of the U.S. Civil Rights Act of 1964, 42 U.S.C. 2000d, and rules and regulations promulgated according to, or as otherwise provided by law.

R9-22-1404. Confidentiality Assignment of Rights Under Operation of Law

The Administration and Department shall maintain the confidentiality of an applicant's or member's records and shall not disclose an applicant's or member's financial, medical, or other confidential information except as allowed under R9-22-512 and 6 A.A.C.12, Article 1.

A person determined eligible assigns rights to all types of medical benefits to which the person is entitled under operation of law as provided in A.R.S. § 36-2903.

R9-22-1405. Application Process Confidentiality and Safeguard of Information

A. Right to apply. A person identified in subsection (B) may apply for AHCCCS medical coverage by submitting a signed Department or Administration approved application to the Administration, an FAA office or an outstation location under 42 CFR 435.904 listed below:

1. A BHS site as provided in Laws 1991, Ch. 213, § 21;
2. A CRS site as provided in Laws 1991, Ch. 213, § 21;
3. A Baby Arizona approved provider's office, if the applicant is a pregnant woman;
4. A FQHC or disproportionate share hospital under 42 U.S.C. 1396r-4, as required by 42 CFR 435.904, or;
5. Any other site, including a hospital, approved by the Department or the Administration.

B. Who may apply for a person. Any of the following may submit an application for an applicant:

1. The applicant's legal representative;
2. The applicant;
3. The applicant's spouse;
4. The applicant's parent;
5. The applicant's authorized representative, designated by the applicant either verbally in the presence of an employee of the Administration or its designee, or in writing;
6. An adult who lives with the applicant;
7. The applicant's adult child; or
8. Another party if the applicant is an adult who is incapacitated, a child less than 18 years old, or a child who is age 18 and a student. The Administration or its designee shall require incapacity to be verified by written documentation signed by a licensed physician or by one of the following:
 - a. A physician assistant;
 - b. A nurse practitioner; or
 - c. A registered nurse, under the direction of a licensed physician.

C. Written application. To initiate the application process, a person listed in subsection (B) shall submit a written application under 42 CFR 435.907 to one of the sites listed in subsection (A):

1. A written application is one that contains the legible name and address, or location where the applicant can be reached, of each person requesting AHCCCS medical coverage and the signature of the person under subsection (B) who is submitting the application. The Administration shall require that a third party witness the signing and co-sign the application if the individual signing the application signs with a mark.
2. The Administration or its designee shall accept an application for a person who is incapacitated and whose name and address are not known.

D. Date of application.

The date of application is the date a written application is received at a location listed in subsection (A).

E. Complete application form.

1. An applicant shall provide all information requested on the application form.
2. The Administration or its designee shall not approve an application unless the applicant's legal representative, if one exists, signs the declarations on the application relating to the applicant's eligibility, under penalty of perjury. A legal representative is a custodial parent of a child under 18, a guardian, or a conservator.

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3. If there is no legal representative, or the legal representative is incapacitated, one of the following shall sign the declarations on the application relating to the applicant's eligibility, under penalty of perjury:
 - a. The applicant, if age 18 or older;
 - b. The applicant, if less than 18 years old and married or not living with a parent;
 - c. The applicant's spouse if not separated;
 - d. An adult who lives with a child who is less than 18 years old or age 18 if a student;
 - e. Unmarried partners if living together with a child in common, if the child is an applicant or a member; or
 - f. Another party, if the applicant is incapacitated and no one listed in subsections (E)(3)(a) through (e) is available to sign the application on the applicant's behalf. The Administration shall require incapacity to be verified by written documentation signed by a licensed physician or by one of the following:
 - i. A physician assistant;
 - ii. A nurse practitioner, or
 - iii. A registered nurse under the direction of a licensed physician.
 4. Unrelated adults not applying for a child in common shall each sign the application if using the same application form.
 5. A person in listed in subsection (E)(2) or (E)(3)(a) through (e) may authorize, verbally in the presence of an employee of the Administration or its designee or in writing, someone else to represent the applicant in the application process. The authorized representative may sign the declarations on the application relating to the applicant's eligibility, under penalty of perjury.
 6. The application shall be witnessed and signed by a third party if the individual signing the application signs with a mark.
- ~~F. Assistance with application. The Administration or its designee shall allow a person of the applicant's choice to accompany, assist, and represent the applicant in the application process.~~
- ~~G. Applicants who die. If an applicant dies while an application is pending, the Administration or its designee shall complete an eligibility determination for all applicants listed on the application, including the deceased applicant.~~
- ~~H. Deceased applicants. The Administration or designee shall complete an eligibility determination on an application filed on behalf of a deceased applicant, if the application is filed in the month of the applicant's death.~~

The Administration and Department shall maintain the confidentiality and the release of safeguarded information of an applicant's or member's records under R9-22-512 and 6 A.A.C. 12, Article 1. In the event of a conflict in these rules, R9-22-512 shall prevail.

R9-22-1406. Applicant and Member Responsibility Application Process

- ~~A. An applicant and member shall authorize the Department to obtain verification.~~
- ~~B. As a condition of eligibility, an applicant and member shall:~~
1. Give the Department complete and truthful information. The Department may deny an application or discontinue eligibility if:
 - a. The applicant or member fails to provide information necessary for initial or continuing eligibility;
 - b. The applicant or member fails to provide the Department with written authorization to permit the Department to obtain necessary verification;
 - c. The applicant or member fails to provide verification under R9-22-1410 after the Department had made an effort to obtain the necessary verification but has not obtained the necessary information; or
 - d. The applicant or member does not assist the Department in resolving incomplete, inconsistent, or unclear information that is necessary for initial or continuing eligibility.
 2. Comply with the DCSE under 42 CFR 433.148 in establishing paternity and enforcing medical support obligations when requested. The Department shall not deny AHCCCS eligibility to any applicant who would otherwise be eligible and who is a minor child and whose parent or legal representative does not cooperate with the medical support requirements under subsection (E) or first and third party liability under Article 10;
 3. Provide information concerning third party coverage for medical care.
- ~~C. The member shall:~~
1. Send to the Department any medical support payments received resulting from a medical support order while the member is eligible;
 2. Cooperate with the Administration regarding any issues arising under the Medicaid Eligibility Quality Control Program under Article 9; and
 3. Inform the Department of the following changes within 10 days from the date the applicant or member knows of a change:
 - a. In address;
 - b. In the household's composition;
 - c. In income;
 - d. In resources, when required for the Medical Expense Deduction (MED) program under R9-22-1430;

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- e. In Arizona state residency;
 - f. In citizenship or immigrant status;
 - g. In first or third party liability which may contribute to the payment of all or a portion of the person's medical costs, or
 - h. That may affect the person's eligibility including a change in a woman's pregnancy status.
- D.** As a condition of eligibility, an applicant or member shall apply for other benefits as required under 42 CFR 435.608.
- E.** As a condition of eligibility, an applicant or member shall cooperate with the Assignment of Rights and if the applicant or member receives first or third party care and services, the applicant or member shall:
- 1. Cooperate with the Department and the Administration in identifying and providing information to assist the state in pursuing any first or third party who may be liable to pay for medical care and services.
 - 2. Except as provided in subsections (3) and (4), a parent, legal representative, or other legal responsible adult who applies for AHCCCS medical coverage on behalf of a child shall cooperate with the Department to establish paternity and obtain medical support or other payments as provided in A.R.S. § 46-292(C).
 - 3. A pregnant woman under A.R.S. § 36-2901(6)(a)(ii) is not required to provide the Department with information regarding paternity or medical support from a father of a child born out of wedlock.
 - 4. A parent, who is not requesting AHCCCS medical coverage, is not required to provide the Department with information regarding paternity or medical support from an absent parent.
- F.** At an initial application interview and at any review, the Department shall explain to the applicant or member the following requirements:
- 1. To comply with DCSE in establishing paternity and enforcing medical support except in circumstances when good cause under 42 CFR 433.147 exists for not cooperating;
 - 2. To establish good cause for not complying with DCSE in establishing paternity and enforcing medical support;
 - 3. To report a change listed in subsection (C) no later than 10 days from the date the applicant or member knows of the change;
 - 4. To send to the Department any medical support received through a Title IV-D court order;
 - 5. To cooperate with assignment of rights and securing payments received from any liable party for a member's medical care.
- G.** The applicant or member shall provide the following health insurance information, if applicable, at the initial interview and at any review:
- 1. Name of policyholder;
 - 2. Policyholder's relationship to the applicant;
 - 3. SSN of the policy holder;
 - 4. Name and address of the insurance company, and
 - 5. Policy number.
- A.** Right to apply. A person identified in subsection (B) may apply for AHCCCS medical coverage by submitting a signed Department or Administration approved application to the Administration, an FAA office, or an outstation location under 42 CFR 435.904 listed below:
- 1. A BHS site as provided in Laws 1991, Ch. 213, § 21;
 - 2. A CRS site as provided in Laws 1991, Ch. 213, § 21;
 - 3. A Baby Arizona approved provider's office, if the applicant is a pregnant woman;
 - 4. A FOHC or disproportionate share hospital under 42 U.S.C. 1396r-4, as required by 42 CFR 435.904; or
 - 5. Any other site, including a hospital, approved by the Department or the Administration.
- B.** Who may apply for a person. Any of the following may submit an application for an applicant:
- 1. The applicant's legal representative;
 - 2. The applicant;
 - 3. The applicant's spouse;
 - 4. The applicant's parent;
 - 5. The applicant's authorized representative, designated by the applicant either verbally in the presence of an employee of the Administration or its designee, or in writing;
 - 6. An adult who lives with the applicant;
 - 7. The applicant's adult child; or
 - 8. Another party if the applicant is:
 - a. A child less than 18 years old;
 - b. A child who is age 18 and a student, or
 - c. An adult who is incapacitated. The Administration or designee shall require incapacity to be verified by written documentation signed by a licensed physician or by one of the following:
 - i. A physician assistant;
 - ii. A nurse practitioner; or
 - iii. A registered nurse, under the direction of a licensed physician.

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- C. Written application. To initiate the application process, a person listed in subsection (B) shall submit a written application under 42 CFR 435.907 to one of the sites listed in subsection (A).
1. A written application is one that contains the legible name and address, or location where the applicant can be reached, of each person requesting AHCCCS medical coverage and the signature of the person under subsection (B) who is submitting the application.
 2. The Administration shall require that a third party witness the signing and co-sign the application if the individual signing the application signs with a mark.
 3. The Administration or its designee shall accept an application for a person who is incapacitated and whose name and address are unknown.
- D. Date of application. The date of application is the date a written application is received at a location listed in subsection (A).
- E. Complete application form.
1. An applicant or a person applying on behalf of the applicant shall provide all information requested on the application form.
 2. The Administration or its designee shall not approve an application unless the applicant's legal representative, if one exists, signs the declarations on the application relating to the applicant's eligibility, under penalty of perjury.
 3. If there is no legal representative, or the legal representative is incapacitated, one of the following shall sign the declarations on the application relating to the applicant's eligibility, under penalty of perjury:
 - a. The applicant, if age 18 or older;
 - b. The applicant, if less than 18 years old and married or not living with a parent;
 - c. The applicant's spouse if not separated;
 - d. An adult who lives with a child who is less than 18 years old or age 18 if a student;
 - e. Unmarried partners if living together with a child in common, if the child is an applicant or a member; or
 - f. Another party, if the applicant is incapacitated and no one listed in subsections (E)(3)(a) through (e) is available to sign the application on the applicant's behalf. The Administration shall require incapacity to be verified by written documentation signed by a licensed physician or by one of the following:
 - i. A physician assistant,
 - ii. A nurse practitioner, or
 - iii. A registered nurse under the direction of a licensed physician.
 4. Unmarried adults not applying for a child in common shall each sign the application if using the same application form.
 5. A person listed in subsection (E)(2) or (E)(3)(a) through (e) may authorize, verbally in the presence of an employee of the Administration or its designee or in writing, someone else to represent the applicant in the application process. The authorized representative may sign the declarations on the application relating to the applicant's eligibility, under penalty of perjury.
 6. The application shall be witnessed and signed by a third party if the individual signing the application signs with a mark.
- F. Assistance with application. The Administration or its designee shall allow a person of the applicant's choice to accompany, assist, and represent the applicant in the application process.

R9-22-1407. ~~Withdrawal of Application~~ Deceased Applicants

- ~~**A.** An applicant may withdraw an application at any time before the Department completes an eligibility determination by making an oral or written request for withdrawal and stating the reason for withdrawal.~~
- ~~**B.** If an applicant orally requests to withdraw the application, the Department shall document the:~~
- ~~1. Date of the request;~~
 - ~~2. Name of the applicant for whom the withdrawal applies;~~
 - ~~3. Reason for the withdrawal;~~
- ~~**C.** An applicant may withdraw an application in writing by:~~
- ~~1. Completing a Department approved voluntary withdrawal form; or~~
 - ~~2. Submitting a written, signed, and dated request to withdraw the application.~~
- ~~**D.** The effective date of the withdrawal is the date of the application.~~
- ~~**E.** If an applicant requests to withdraw an application, the Department shall:~~
- ~~1. Deny the application, and~~
 - ~~2. Notify the applicant of the denial following the notice requirements under R9-22-1411.~~
- A.** If an applicant dies while an application is pending, the Administration or its designee shall complete an eligibility determination for all applicants listed on the application, including the deceased applicant.
- B.** The Administration or designee shall complete an eligibility determination on an application filed on behalf of a deceased applicant, if the application is filed in the month of the applicant's death.

R9-22-1408. Eligibility Interview or Home Visit Applicant and Member Responsibility

- A.** Scheduling an interview or home visit:
1. Upon receipt of an application, the Department shall:
 - a. Schedule an initial eligibility interview or home visit at the request of a homebound applicant or if the Department believes that a home visit may avoid an eligibility error, and
 - b. Provide the applicant a written notice of the scheduled interview;
 2. The Department shall not require a separate interview unless the application received does not include sufficient information to determine eligibility under this Article for an applicant whose application is received from:
 - a. A Baby Arizona provider,
 - b. A KidsCare office,
 - c. A CRS office, or
 - d. Another agency or entity approved by the Administration;
- B.** Attend the interview. As a condition of eligibility, the applicant or the applicant's representative shall attend the interview.
- C.** Department's requirement at interview. During the initial interview or review, a Department representative shall:
1. Offer to help the applicant or member to complete the application form and to obtain required verification;
 2. Provide the applicant or member with information explaining:
 - a. The eligibility and verification requirements of AHCCCS medical coverage;
 - b. The requirement that the applicant or member obtain and provide a SSN to the Department;
 - c. How the Department uses the SSN;
 - d. The Department's practice of exchanging eligibility and income information through the SVES;
 - e. The applicant and member's rights and responsibilities, including the right to appeal an adverse action;
 - f. The assignment of rights under operation of law as provided in A.R.S. § 36-2903,
 - g. That the Department will use information to complete data matches with potential liable parties;
 - h. The eligibility review process;
 - i. The program coverage and the types of services available under each program;
 - j. The family planning services available through AHCCCS health plans if appropriate;
 - k. The AHCCCS pre enrollment process;
 - l. Availability of continued AHCCCS medical coverage under R9-22-1420, and
 - m. That the Department shall help the applicant or member obtain necessary verification if the applicant or member asks for help.
 3. Review the penalties for perjury and fraud printed on the application;
 4. Explain whose income is counted;
 5. Review any verification information provided by the applicant or member and give a written list of additional verification items and time frames that the applicant or member shall provide to the Department;
 6. Explain the applicant and member's responsibilities under R9-22-1406; and
 7. Review all reporting requirements and explain that the applicant or member may lose the earned income disregards defined in R9-22-1419, if the applicant or member fails to report changes timely; and
 8. Explain the MED program under R9-22-1427 through R9-22-1432.
- A.** An applicant and member shall authorize the Department to obtain verification.
- B.** As a condition of eligibility, an applicant and member shall:
1. Give the Department complete and truthful information. The Department may deny an application or discontinue eligibility if:
 - a. The applicant or member fails to provide information necessary for initial or continuing eligibility.
 - b. The applicant or member fails to provide the Department with written authorization to permit the Department to obtain necessary verification.
 - c. The applicant or member fails to provide verification under R9-22-1412 after the Department made an effort to obtain the necessary verification but has not obtained the necessary information, or
 - d. The applicant or member does not assist the Department in resolving incomplete, inconsistent, or unclear information that is necessary for initial or continuing eligibility.
 2. Comply with the DCSE under 42 CFR 433.148 in establishing paternity and enforcing medical support obligations when requested. The Department shall not deny AHCCCS eligibility to any applicant who would otherwise be eligible and who is a minor child and whose parent or legal representative does not cooperate with the medical support requirements under subsection (E) or first-and third-party liability under Article 10;
 3. Provide information concerning third-party coverage for medical care.
- C.** The member shall:
1. Send to the Department any medical support payments received resulting from a medical support order while the member is eligible;

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2. Cooperate with the Administration regarding any issues arising as a result of the Medicaid Eligibility Quality Control Program under Article 9; and
 3. Inform the Department of the following changes within 10 days from the date the applicant or member knows of a change:
 - a. In address.
 - b. In the household's composition.
 - c. In income.
 - d. In resources, when required for the Medical Expense Deduction (MED) program under R9-22-1438.
 - e. In Arizona state residency.
 - f. In citizenship or immigrant status.
 - g. In first- or third-party liability which may contribute to the payment of all or a portion of the person's medical costs, or
 - h. That may affect the person's eligibility including a change in a woman's pregnancy status.
- D.** As a condition of eligibility, an applicant or member shall apply for other benefits as required under 42 CFR 435.608.
- E.** As a condition of eligibility, an applicant or member shall cooperate with the Assignment of Rights and if the applicant or member receives first- or third-party care and services, the applicant or member shall:
1. Cooperate with the Department and the Administration in identifying and providing information to assist the state in pursuing any first- or third-party who may be liable to pay for medical care and services.
 2. Except as provided in subsections (3) and (4), a parent, legal representative, or other legal responsible adult who applies for AHCCCS medical coverage on behalf of a child shall cooperate with the Department to establish paternity and obtain medical support or other payments as provided in A.R.S. § 46-292(C).
 3. A pregnant woman under A.R.S. § 36-2901(6)(a)(ii) is not required to provide the Department with information regarding paternity or medical support from a father of a child born out of wedlock.
 4. A parent who is not requesting AHCCCS medical coverage for himself or herself is not required to provide the Department with information regarding paternity or medical support from an absent parent.
- F.** At an initial application interview and at any review, the Department shall explain to the applicant or member the following requirements:
1. To comply with DCSE in establishing paternity and enforcing medical support, except in circumstances when good cause under 42 CFR 433.147 exists for not cooperating.
 2. To establish good cause for not complying with DCSE in establishing paternity and enforcing medical support.
 3. To report a change listed in subsection (C) no later than 10 days from the date the applicant or member knows of the change.
 4. To send to the Department any medical support received through a Title IV-D court order.
 5. To cooperate with assignment of rights and securing payments received from any liable party for a member's medical care.
- G.** The applicant or member shall provide the following health insurance information, if applicable, at the initial interview, within 10 days of becoming aware of a new source of health insurance, and at any review:
1. Name of policyholder.
 2. Policyholder's relationship to the applicant.
 3. SSN of the policy holder.
 4. Name and address of the insurance company, and
 5. Policy number.
- R9-22-1409. Withdrawal from AHCCCS Medical Coverage Withdrawal of Application**
- A.** A member may withdraw from AHCCCS medical coverage at any time by making an oral or written request for withdrawal to the Department. The member or the member's legal or authorized representative shall provide the Department with:
1. The reason for the withdrawal,
 2. The date the request is effective, and
 3. The name of the member for whom AHCCCS medical coverage is being withdrawn.
- B.** The Department shall discontinue eligibility for AHCCCS medical coverage for all family members if the request to withdraw does not identify a specific person.
- A.** An applicant may withdraw an application at any time before the Department completes an eligibility determination by making an oral or written request for withdrawal and stating the reason for withdrawal.
- B.** If an applicant orally requests to withdraw the application, the Department shall document the:
1. Date of the request.
 2. Name of the applicant for whom the withdrawal applies.
 3. Reason for the withdrawal.

- C. An applicant may withdraw an application in writing by:
 - 1. Completing a Department approved voluntary withdrawal form; or
 - 2. Submitting a written, signed, and dated request to withdraw the application.
- D. The effective date of the withdrawal is the date of the application.
- E. If an applicant requests to withdraw an application, the Department shall:
 - 1. Deny the application, and
 - 2. Notify the applicant of the denial following the notice requirements under R9-22-1413.

R9-22-1410. ~~Verification of Eligibility Information~~ Eligibility Interview or Home Visit

- ~~A. The applicant or member has the primary responsibility to provide the Department with information necessary to verify eligibility and complete the determination of eligibility at the time of initial application, at a time when change in circumstances occurs which may affect eligibility, or at the eligibility review. With the exception of subsection (B), verification of information shall be obtained using the following types of documents in the following order:~~
 - 1. ~~First, documented verification which is written evidence originating from an agency, organization, or an individual qualified to have knowledge of the required information;~~
 - 2. ~~Second, collateral contact which is a verbal statement from an agency, organization, or individual qualified to have knowledge of the required information, or~~
 - 3. ~~Third, applicant's statement which shall only be used if:~~
 - a. ~~Documented;~~
 - b. ~~Collateral verification is not available, and~~
 - e. ~~The statement is not inconsistent or contradicted with other information.~~
- ~~B. Documented verification is the only acceptable form of verification which can be accepted for:~~
 - 1. ~~SSN;~~
 - 2. ~~Alien status;~~
 - 3. ~~Relationship when questionable, and~~
 - 4. ~~Citizenship when questionable.~~
- ~~C. The Department shall provide an applicant or member no less than 10 days from the date of a written request for the information to provide required verification. The Department may deny the application or discontinue eligibility if an applicant or member does not provide the required information timely.~~
- A. Scheduling an interview or home visit.
 - 1. Upon receipt of an application, the Department shall:
 - a. Schedule an initial eligibility interview or home visit at the request of a homebound applicant or if the Department believes that a home visit may avoid an eligibility error, and
 - b. Provide the applicant a written notice of the scheduled interview;
 - 2. The Department shall not require an initial interview as specified under (A)(1), unless the application received does not include sufficient information to determine eligibility under this Article for an applicant whose application is received from:
 - a. A Baby Arizona provider,
 - b. A KidsCare office,
 - c. A CRS site,
 - d. A BHS site, or
 - e. Another agency or entity approved by the Administration to conduct an interview.
- B. Attend the interview. As a condition of eligibility, the applicant or the applicant's representative shall attend the interview, unless an interview is not required as specified in (A)(2).
- C. Good cause for failure to attend an interview.
 - 1. Upon request, the Department shall reschedule the initial interview if the applicant or the applicant's representative had good cause for missing a scheduled interview. The request for a rescheduled interview must be submitted by the 45th day from the date of application. Good cause reasons include:
 - a. Hospitalization,
 - b. Illness,
 - c. Serious injury or other accident involving a member of the applicant's household that made it impossible or unreasonable to contact the local office, or
 - d. Any unanticipated occurrence that made it impossible or unreasonable to contact the local office.
 - 2. Notwithstanding (C)(1), the Department shall deny the applicant's eligibility if the second interview is missed.
- D. Department's requirement at interview. During the initial interview or review, a Department representative shall:
 - 1. Offer to help the applicant or member to complete the application form and to obtain required verification;
 - 2. Provide the applicant or member with information explaining:
 - a. The eligibility and verification requirements of AHCCCS medical coverage;
 - b. The requirement that the applicant or member obtain and provide a SSN to the Department;

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- c. How the Department uses the SSN;
 - d. The Department's practice of exchanging eligibility and income information through the SVES;
 - e. The applicant and member's right to appeal an adverse action under R9-22-1441;
 - f. The assignment of rights under operation of law as provided in A.R.S. § 36-2903;
 - g. That the Department will use information to complete data matches with potential liable parties;
 - h. The eligibility review process;
 - i. The program coverage and the types of services available under each program;
 - j. The AHCCCS pre-enrollment process;
 - k. Availability of continued AHCCCS medical coverage under R9-22-1427;
 - l. That the Department shall use the Systematic Alien Verification for Entitlements (SAVE) process to verify eligible alien status; and
 - m. That the Department shall help the applicant or member obtain necessary verification if the applicant or member asks for help.
- 3. Review the penalties for perjury and fraud printed on the application;
 - 4. Review any verification items provided by the applicant or member and give a written list of additional verification items and time-frames within which the applicant or member shall provide information to the Department;
 - 5. Explain the applicant and member's responsibilities under R9-22-1408; and
 - 6. Review all reporting requirements and explain that the applicant or member may lose the earned income disregards defined in R9-22-1420 if the applicant or member fails to report earned income changes timely; and
 - 7. Explain the MED program under R9-22-1435 through R9-22-1440.

R9-22-1411. ~~Time frames, Approval, or Denial of the Application Withdrawal from AHCCCS Medical Coverage~~

- ~~A. Application processing time. The Department shall complete an eligibility determination under 42 CFR 435.911 within 45 days after the application date under R9-22-1405; unless:
 - 1. The applicant is pregnant. The Department shall determine eligibility for a pregnant woman within 20 days after the application date unless additional information is required to determine eligibility, or
 - 2. The applicant is in a hospital as an inpatient at the time of application. Within seven days of the Department's receipt of a signed application the Department shall:
 - a. Complete an eligibility interview and ask all of the questions on the application, and
 - b. Complete an eligibility determination if the Department does not need additional information or verification.~~
- ~~B. Approval. If the applicant meets all the eligibility requirements and conditions of eligibility of this Article, the Department shall approve the application and provide the applicant an approval notice. The approval notice shall contain:
 - 1. The name of each approved applicant;
 - 2. The effective date of eligibility defined in R9-22-1414 for each approved applicant;
 - 3. The supporting reason and the legal citations if a member is approved for only emergency medical services, and
 - 4. The applicant's or member's appeal rights.~~
- ~~C. Denial. If an applicant fails to meet the eligibility requirements or conditions of eligibility of this Article, the Department shall deny the application and provide the applicant a denial notice. The denial notice shall contain:
 - 1. The name of each ineligible applicant;
 - 2. The specific reason why the applicant is ineligible;
 - 3. The income and the resource calculations compared to the income or resource standards when the reason for the denial is due to the applicant's income or resources exceeding the applicable standard;
 - 4. The legal citations supporting the reason for the ineligibility;
 - 5. The location where the applicant can review the legal citations;
 - 6. The month of ineligibility; and
 - 7. The applicant's right to appeal the decision and request a hearing.~~
- ~~A. A member may withdraw from AHCCCS medical coverage at any time by making an oral or written request for withdrawal to the Department. The member or the member's legal or authorized representative shall provide the Department with:
 - 1. The reason for the withdrawal.
 - 2. The date the request is effective, and
 - 3. The name of the member for whom AHCCCS medical coverage is being withdrawn.~~
- ~~B. The Department shall discontinue eligibility for AHCCCS medical coverage for all family members if the request to withdraw does not identify a specific person.~~
- ~~C. The Department shall notify the member of the discontinuance as required by R9-22-1415.~~

R9-22-1412. Review of Eligibility Verification of Eligibility Information

- ~~A. Except as provided in subsection (B), the Department shall complete a review of each member's continued eligibility for AHCCCS medical coverage at least once every 12 months.~~

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- B.** The Department shall complete a review of eligibility for a:
 - 1. Pregnant woman determined eligible under R9-22-1421(1), following the termination of her pregnancy;
 - 2. Non-pregnant member approved only for emergency medical services at least once in a six-month period;
 - 3. Member approved for the MED program under R9-22-1427 through R9-22-1432 prior to the end of the six-month eligibility period;
 - 4. Any time there is a change in a member's circumstance which may affect eligibility.
 - C.** If a member continues to meet all eligibility requirements and conditions of eligibility, the Department shall authorize continued eligibility and notify the member of continued eligibility.
 - D.** The Department shall discontinue eligibility and shall notify the member of the discontinuance under R9-22-1413 if the member:
 - 1. Fails to comply with the review of eligibility;
 - 2. Fails to comply with the requirements and conditions of eligibility under this Article without good cause under 42 CFR 433.148; or
 - 3. Does not meet the eligibility requirements.
 - A.** The applicant or member has the primary responsibility to provide the Department with information necessary to verify eligibility and complete the determination of eligibility at the time of initial application, at a time when change in circumstances occurs which may affect eligibility, or at the eligibility review. With the exception of subsection (B), information shall be verified using the following types of documents in the following order:
 - 1. First, hard copy verification which is written evidence originating from an agency, organization, or an individual qualified to have knowledge of the required information;
 - 2. Second, a written record of a collateral contact which is a verbal statement from an agency, organization, or individual qualified to have knowledge of the required information; or
 - 3. Third, applicant's written statement, which shall only be used if:
 - a. Verification under subsections (1) and (2) above are not available, and
 - b. The statement is not inconsistent or contradictory with other information.
 - B.** Hard copy verification is the only acceptable form of verification that can be accepted for:
 - 1. SSN;
 - 2. Legal alien status;
 - 3. Proof of alien sponsor under R9-22-1425, when applicable;
 - 4. Relationship when questionable; and
 - 5. Citizenship when questionable.
 - C.** Hard copy verification or a collateral contact is the only form of verification that can be accepted for verification of pregnancy and amounts billed for the care of a dependent child or incapacitated adult.
 - D.** The Department shall provide an applicant or member at least 10 days from the date of a written request for the information to provide required verification. The Department may deny the application or discontinue eligibility if an applicant or member does not provide the required information timely.
- R9-22-1413. Notice of Discontinuance Action-Time-frames, Approval, or Denial of the Application**
- A.** Notice requirement. If a member fails to meet an eligibility requirement or condition of eligibility, the Department shall provide the member an advance Notice of Action for an adverse action no later than 10 days before the effective date of the discontinuance.
 - B.** The Department may mail an adverse Notice of Action no later than the effective date of the discontinuance if the Department:
 - 1. Receives a request to withdraw under R9-22-1409;
 - 2. Receives verification that the member is ineligible under R9-22-1402;
 - 3. Has documented information confirming the death of a member;
 - 4. Receives returned mail with no forwarding address from the post office and the member's whereabouts are unknown;
or
 - 5. Verifies that the member has been approved for Medicaid by another state.
 - C.** The notice shall contain:
 - 1. The name of each ineligible member;
 - 2. The specific reason why the member is ineligible;
 - 3. The income and the resource calculations compared to the income or resource standards when the reason for the discontinuance is due to the member's income or resources exceeding the applicable standard;
 - 4. The legal citations supporting the reason for the ineligibility;
 - 5. The location where the member can review the legal citations;
 - 6. The date the discontinuance is effective; and
 - 7. The member's appeal rights and right to continued medical coverage pending appeal.
 - A.** Application processing time. The Department shall complete an eligibility determination under 42 CFR 435.911 within 45

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days after the application date under R9-22-1406 unless:

1. The applicant is pregnant. The Department shall determine eligibility for a pregnant woman within 20 days after the application date unless additional information is required to determine eligibility, or
 2. The applicant is in a hospital as an inpatient at the time of application. Within seven days of the Department's receipt of a signed application the Department shall:
 - a. Complete an eligibility interview and ask all of the questions on the application, and
 - b. Complete an eligibility determination if the Department does not need additional information or verification to determine eligibility.
- B.** Approval. If the applicant meets all the eligibility requirements and conditions of eligibility of this Article, the Department shall approve the application and provide the applicant an approval notice. The approval notice shall contain:
1. The name of each approved applicant.
 2. The effective date of eligibility defined in R9-22-1416 for each approved applicant.
 3. The supporting reason and the legal citations if a member is approved for only emergency medical services, and
 4. The applicant's right to appeal the decision under subsection (B)(2) or (B)(3) and request a hearing.
- C.** Denial. If an applicant fails to meet the eligibility requirements or conditions of eligibility of this Article, the Department shall deny the application and provide the applicant a denial notice. The denial notice shall contain:
1. The name of each ineligible applicant;
 2. The specific reason why the applicant is ineligible;
 3. The income and the resource calculations compared to the income or resource standards when the reason for the denial is due to the applicant's income or resources exceeding the applicable standard;
 4. The legal citations supporting the reason for the ineligibility;
 5. The location where the applicant can review the legal citations;
 6. The month of ineligibility; and
 7. The applicant's right to appeal the decision and request a hearing.
- D.** An application or eligibility for a member is reinstated to active status when any of the following conditions are met:
1. The denial or discontinuance of eligibility was due to an administrative error.
 2. The discontinuance of eligibility was due to noncompliance with a condition of eligibility and the applicant or member complies prior to the effective date of the discontinuance.
 3. The member informs the Department of a change of circumstances, that would allow for continued eligibility, prior to the effective date of the discontinuance, or
 4. The member requests and is eligible for continuation of medical coverage under R9-22-1441.

R9-22-1414. ~~Effective Date of Eligibility Review of Eligibility~~

~~Except for the MED program under R9 22 1427 through R9 22 1432 and eligibility for a newborn under R9 22 1422, the effective date of eligibility is the first day of the month that the applicant files an application if the applicant is eligible that month, or the first day of the first eligible month following the application month.~~

- A.** Except as provided in subsection (B), the Department shall complete a review of each member's continued eligibility for AHCCCS medical coverage at least once every 12 months.
- B.** The Department shall complete a review of eligibility for a:
1. Pregnant woman determined eligible under R9-22-1428(2), following the termination of her pregnancy.
 2. Non-pregnant member approved only for emergency medical services at least once in a six-month period.
 3. Member approved for the MED program under R9-22-1435 through R9-22-1440 prior to the end of the six-month eligibility period.
 4. Any time there is a change in a member's circumstance which may affect eligibility.
- C.** If a member continues to meet all eligibility requirements and conditions of eligibility, the Department shall authorize continued eligibility and notify the member of continued eligibility. If the member continues to be eligible for Federal Emergency Services, the notice shall state that the continued eligibility is for Federal Emergency Services only.
- D.** The Department shall discontinue eligibility and shall notify the member of the discontinuance under R9-22-1415 if the member:
1. Fails to comply with the review of eligibility.
 2. Fails to comply with the requirements and conditions of eligibility under this Article without good cause under 42 CFR 433.148, or
 3. Does not meet the eligibility requirements.

R9-22-1415. ~~Operation of Law Notice of Discontinuance Action~~

~~A person determined eligible assigns rights to all types of medical benefits to which the person is entitled under operation of law under A.R.S. § 36-2903.~~

- A.** Notice requirement. If a member fails to meet an eligibility requirement or condition of eligibility, the Department shall provide the member an adverse Notice of Action no later than 10 days before the effective date of the discontinuance.

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- B.** The Department shall mail an adverse Notice of Action no later than the effective date of the discontinuance if the Department:
1. Receives a request to withdraw under R9-22-1411.
 2. Receives verification that the member is ineligible under R9-22-1402.
 3. Has documented information confirming the death of a member.
 4. Receives returned mail with no forwarding address from the post office and the member's whereabouts are unknown,
or
 5. Verifies that the member has been approved for Medicaid by another state.
- C.** The notice shall contain:
1. The name of each ineligible member.
 2. The specific reason why the member is ineligible.
 3. The income and the resource calculations compared to the income or resource standards when the reason for the discontinuance is due to the member's income or resources exceeding the applicable standard.
 4. The legal citations supporting the reason for the ineligibility.
 5. The location where the member can review the legal citations.
 6. The date the discontinuance is effective, and
 7. The member's appeal rights and right to continued medical coverage pending appeal under R9-22-1441.

R9-22-1416. ~~Social Security Number Effective Date of Eligibility~~

~~As a condition of eligibility, an applicant shall furnish a SSN, under 42 CFR 435.910 and 435.920. A person who cannot legally obtain a SSN is not required to furnish a SSN. An applicant has until the first review to provide a SSN as long as the applicant is cooperating with the Department to obtain a SSN. If an applicant cannot recall or has not been issued a SSN, the Department shall assist in obtaining or verifying the applicant's SSN under 42 CFR 435.910.~~

- A.** Except as provided in subsections (B) and (C), the effective date of eligibility is the first day of the month that the applicant files an application if the applicant is eligible that month, or the first day of the first eligible month following the application month except for:
1. The MED program under R9-22-1435 through R9-22-1440, and
 2. Eligibility for a newborn under R9-22-1429.
- B.** The effective date of eligibility for applicants who moved into Arizona during the month of application is the date Arizona residency is established.
- C.** The effective date of eligibility for an inmate applying for medical coverage is the date the applicant no longer meets the definition of an inmate of a public institution.

R9-22-1417. ~~State Residency Social Security Number~~

~~As a condition of eligibility, an applicant or member shall be a resident of Arizona under 42 CFR 435.403.~~

- A.** As a condition of eligibility, an applicant shall furnish a SSN, under 42 CFR 435.910 and 435.920.
- B.** A person who cannot legally obtain a SSN is not required to furnish a SSN.
- C.** An applicant has until the first review to provide a SSN as long as the applicant is cooperating with the Department to obtain a SSN.
- D.** If an applicant cannot recall or has not been issued a SSN, the Department shall assist in obtaining or verifying the applicant's SSN under 42 CFR 435.910.

R9-22-1418. ~~Citizenship and Immigrant Status State Residency~~

- A.** ~~As a condition of eligibility for full services under Article 2, an applicant or member shall be a citizen of the United States, or shall meet requirements for qualified alien under A.R.S. §§ 36-2903.03(A) and 36-2903.03(B), or A.R.S. § 36-2903.03(C).~~
- B.** ~~An applicant is eligible for emergency medical services defined in R9-22-217 when the applicant is either a qualified alien or noncitizen:~~
- ~~1. Meets all other eligibility requirements, except those in subsection (A), and~~
 - ~~2. Is eligible under A.R.S. § 36-2901(6)(a)(i), (ii), or (iii).~~

~~As a condition of eligibility, an applicant or member shall be a resident of Arizona under 42 CFR 435.403. The Department shall not consider an alien with a current legal status of nonimmigrant under 8 USC 1101(a)(15) a resident.~~

R9-22-1419. ~~Income Eligibility Criteria Citizenship and Immigrant Status~~

- A.** ~~Evaluation of income. In determining eligibility, the Department shall evaluate the following types of income received by a person identified in subsection (B):~~
- ~~1. Earned income, including in-kind income, before any deductions. For purposes of this Section, in-kind income means room, board, or provision for other needs in exchange for work performed. The provider of the in-kind income shall establish and verify the monetary value of the item provided. The provider may be, but is not limited to:~~
 - ~~a. A landlord who provides all or a portion of rent or utilities in exchange for services;~~

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- b. A store owner who gives goods such as groceries, clothes, or furniture in exchange for services; or
 - e. An individual who trades goods such as a car, tools, trailer, building material, or gasoline in exchange for services;
 - 2. For self-employed applicants, gross business receipts minus business expenses; and
 - 3. Unearned income.
- B.** A person whose income is counted. The Department shall include the income of the following persons under Section 1902(a)(17) of the Act if living together unless the person is a SSI cash recipient:
- 1. Applicant;
 - 2. Applicant's parent, if the applicant is an unmarried dependent child, who is less than 18 years old;
 - 3. Applicant's spouse;
 - 4. The sponsor, under 8 CFR 213(a)(1), and sponsor's spouse of a person meeting the alien requirements under A.R.S. § 36-2903.03;
 - 5. The non-parent caretaker relative and spouse, as allowed under R9-22-1420, and their unmarried minor children if applying as a family, which includes a dependent child living with a specified relative, under R9-22-1420;
- C.** Income exclusions. The Department shall exclude the following income:
- 1. Agent Orange settlement fund payments;
 - 2. AmeriCorps Network Program benefits;
 - 3. Burial benefits dispersed solely for burial expenses;
 - 4. Cash contributions from other agencies or organizations so long as the contributions are not intended to cover the following items:
 - a. Food;
 - b. Rent or mortgage payments for shelter;
 - e. Utilities;
 - d. Household supplies, such as bedding, towels, laundry, cleaning, and paper supplies;
 - e. Public transportation fares for personal use;
 - f. Basic clothing or diapers; or
 - g. Personal care and hygiene items, such as soap, toothpaste, shaving cream, and deodorant;
 - 5. Disaster assistance provided under the Federal Disaster Relief Act, disaster assistance organizations, or comparable assistance provided by state or local governments;
 - 6. Educational grants or scholarships funded by the United States Department of Education or from a Veterans Education assistance program or the Bureau of Indian Affairs student assistance program;
 - 7. Energy assistance that is provided:
 - a. Either in cash or in kind by a government agency or municipal utility, or
 - b. In kind by a private nonprofit organization;
 - 8. Earnings from high school on-the-job training programs;
 - 9. Earned income of dependent children who are students enrolled and attending school at least half time as defined by the institution;
 - 10. Fair Labor Standard Act supplemental payment;
 - 11. Food stamp benefits;
 - 12. Foster care maintenance payments intended for children who are not included in the family or Medical Expense Deduction (MED) unit;
 - 13. Funds set aside in an Individual Development Account under A.A.C. R6-12-404;
 - 14. Governmental rent and housing subsidies;
 - 15. Income tax refunds, including any earned income tax credit;
 - 16. Loans from a private person, or a commercial or educational institution;
 - 17. Nonrecurring cash gifts that do not exceed \$30 per person in any calendar quarter;
 - 18. Payments made from a fund established by the Susan Walker v. Bayer Corporation class action lawsuit or the Ricky Ray Hemophilia Relief Fund Act of 1998;
 - 19. Radiation exposure compensation payments;
 - 20. Reimbursement for work-related expenses which do not exceed the actual expense amount;
 - 21. Reimbursement for Job Opportunities and Basic Skills (JOBS) Program training-related expenses;
 - 22. Reparation and restitution payments under Section 1902(r) of the Act;
 - 23. SSI designated account and interest earned on that account;
 - 24. Temporary Assistance for Needy Families (TANF) or SSI cash assistance payment;
 - 25. Vendor payment to a third party to cover family expenses, if the payment is made by an organization or a person who is not a member of the family or MED unit;
 - 26. Volunteers In Service To America (VISTA) income that does not exceed the state or federal minimum wage;
 - 27. Vocational rehabilitation program payments made as reimbursement for training-related expenses, subsistence and maintenance allowances, and incentive payments that are not intended as wages;

- ~~28. Women, Infants, and Children (WIC) benefits; or~~
- ~~29. Any other income specifically excluded under 20 CFR Part 416 Appendix K.~~
- ~~D. Special income provision for child support. The Department shall consider child support to be income of the child for whom the support is intended and count the child support income received after deducting \$50 per child receiving child support income from the monthly amount.~~
- ~~E. Determining income for a month:~~
 - ~~1. Calculating monthly income. The Administration or its designee shall calculate monthly income under R9-22-1419.01 through 1419.04.~~
 - ~~2. The Administration or its designee shall deduct the applicable disregards and deductions to which a person is entitled for the month.~~
- ~~F. Earned Income Disregards:~~
 - ~~1. General. The Department shall apply the earned income disregards to each employed person's gross earnings.~~
 - ~~2. Disregards. The Department shall apply the following method to calculate the amount of the countable earned income:~~
 - ~~a. Subtract a \$90 cost of employment (COE) allowance from the gross amount of earned income for each person whose earned income is counted;~~
 - ~~b. Subtract an amount billed for the care of each dependent child or incapacitated adult member who is the responsibility of the person whose income is counted, if the care is for the purpose of allowing the person to work, not to exceed:~~
 - ~~i. For a wage earner employed full time (86 hours or more a month), \$200 for each child less than age two, and \$175 for each other dependent; and~~
 - ~~ii. For a wage earner employed part time (less than 86 hours a month), \$100 for each child less than age two, and \$88 for each other dependent.~~
 - ~~3. Loss of disregards. The Department shall not apply the earned income disregards if the member fails to report to the Department a change in income within 10 days from the date the change becomes known to the member. The change report to the Department shall be postmarked no later than the 10th day from the date the change becomes known.~~
- ~~A. As a condition of eligibility for full services under Article 2, an applicant or member shall be a citizen of the United States, or shall meet requirements for qualified alien under A.R.S. § 36-2903.03(A) and 36-2903.03(B), or A.R.S. § 36-2903.03(C).~~
- ~~B. The Department shall use the Systematic Alien Verification for Entitlements (SAVE) process to verify legal alien status.~~
- ~~C. An applicant is eligible for emergency medical services defined in R9-22-217 when the applicant is either a qualified alien or noncitizen and:~~
 - ~~1. Meets all other eligibility requirements, except those in subsection (A), and~~
 - ~~2. Is eligible under A.R.S. § 36-2901(6)(a)(i), (ii), or (iii).~~

R9-22-1419.01. Income Eligibility Repealed

- ~~A. A person is not eligible under this Article unless the person's monthly income is equal to or below the appropriate Federal Poverty Level (FPL) listed in R9-22-1420 and R9-22-1421. A person is not eligible under R9-22-1429 unless the person's income during the period defined in R9-22-1429(C) is equal to or below the FPL under R9-22-1429(B).~~
- ~~B. Definitions:~~
 - ~~1. "Monthly income" means the gross income received or projected to be received during the month or the monthly equivalent.~~
 - ~~2. "Monthly equivalent" means a monthly income amount established by averaging, prorating, or converting a person's income.~~

R9-22-1419.02. Methods for Calculating Monthly Income Repealed

- ~~A. Projecting income:~~
 - ~~1. Description. Projecting income is a method of determining the amount of income that a person will receive.~~
 - ~~2. Calculation. The Administration or designee shall project income by:~~
 - ~~a. Converting income to a monthly equivalent;~~
 - ~~b. Using unconverted income, or~~
 - ~~e. Prorating income to determine a monthly equivalent.~~
 - ~~3. Exclusion. When calculating projected monthly income, the Administration or designee shall exclude an unusual variation in income, except for a month in which the variation is anticipated to occur.~~
- ~~B. Unconverted income:~~
 - ~~1. Description. Unconverted income is the actual amount of income received or projected to be received during a month.~~
 - ~~2. Calculation. The Administration or designee shall sum the actual amount of income received or projected to be received during a month.~~

C. ~~Converted income.~~

1. ~~Description. Converted income is income received weekly or biweekly that is changed to a monthly equivalent.~~
2. ~~Calculation.~~
 - a. ~~To convert income, the Administration or designee shall determine the average weekly or bi-weekly income amount before converting to the monthly equivalent if the person's past income fluctuates and the fluctuation is expected to recur.~~
 - b. ~~To convert income paid weekly to a monthly equivalent, the Administration or designee shall multiply the weekly average by 4.3 weeks.~~
 - e. ~~To convert income paid bi-weekly to a monthly equivalent, the Administration or designee shall multiply the bi-weekly average by 2.15 weeks.~~

D. ~~Averaged income.~~

1. ~~Description. Averaging income proportionally distributes the person's income received on a regular basis.~~
2. ~~Calculation. To average income, the Administration or designee shall add the amount of the income and divide by the total number of pay periods. If the amount of income received per pay period fluctuates, and the fluctuation is expected to continue, the Administration or designee shall:~~
 - a. ~~Use the averaged weekly or bi-weekly amounts to convert weekly or bi-weekly income to a monthly equivalent;~~
 - b. ~~Use the averaged monthly or semi-monthly amounts to project monthly income; and~~
 - e. ~~Use the averaged hours worked and multiply the average by the current rate of pay. If there is a change in the rate of pay; use the new rate of pay when calculating projected income under subsection (A).~~

E. ~~Prorated income.~~

1. ~~Description. Prorated income evenly distributes a person's income over the period the income is intended to cover to calculate a monthly equivalent.~~
2. ~~Calculation. To prorate income, the Administration or designee shall divide the total amount of the person's income received during the period by the number of months that the income is intended to cover.~~

R9-22-1419.03. Calculations and Use of Methods Listed In R9-22-1419.02 Based on Frequency of Income Repealed

- A.** ~~Monthly income. If income is received monthly or in a lump sum, the Administration or designee shall use the unconverted method for calculating monthly income. Lump sum means a non-recurring payment that serves as a complete payment. Lump sum payments include but are not limited to: rebates or credits; inheritances; insurance settlements; and payments for prior months from such sources as Social Security, Veterans Administration, Railroad Retirement, child support arrearages, or other benefits. A lump sum payment may include a portion intended for the current month.~~
- B.** ~~Weekly income. If income is received weekly the Administration or designee shall convert the income to a monthly equivalent.~~
- C.** ~~Bi-weekly income. If income is received bi-weekly the Administration or designee shall convert the income to a monthly equivalent.~~
- D.** ~~Semi-monthly or daily income. If income is received semi-monthly or daily, the Administration or designee shall use the unconverted method for calculating monthly income.~~
- E.** ~~Bimonthly, quarterly, semi-annual, or annual income. If income is received bimonthly, quarterly, semi-annually or annually, the Administration or designee shall prorate the income received or projected to be received.~~

R9-22-1419.04. Exceptions to R9-22-1419.03 Repealed

A. ~~New income.~~

1. ~~Description. New income is income received from a new source during the first calendar month that the income is received from the source.~~
2. ~~Calculating monthly income.~~
 - a. ~~If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1419.03 to calculate the monthly income.~~
 - b. ~~If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.~~

B. ~~Terminated income.~~

1. ~~Description. Terminated income is income received during the last calendar month that income is received from a source when no more income is expected to be received.~~
2. ~~Calculating monthly income.~~
 - a. ~~If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1419.03 to calculate the monthly income.~~
 - b. ~~If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.~~

- C. Break in income.**
 - 1. Description. A break in income is:
 - a. Income received from a previous source in the first calendar month following a break in established frequency of income from the source of one calendar month or more, or
 - b. Income received from a source in the last calendar month before a break in established frequency of income of one calendar month or more.
 - 2. Calculating monthly income:
 - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1419.03 to calculate the monthly income.
 - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.
- D. Contract income.**
 - 1. Description. Contract income is income a person earns under a contract or other legal document that specifies a length of time the contract or legal document covers, the amount of income to be paid, and the frequency of payment.
 - 2. Calculating monthly income:
 - a. The Administration or designee shall calculate the monthly income based on the frequency of payment if income is paid more frequently than monthly.
 - b. The Administration or designee shall prorate over the period of time specified by the contract if income is paid monthly or less frequently.
- E. Unusual variation in the amount of income.**
 - 1. Description. Unusual variation is an amount of income that is different from the established amount received and is not projected to continue or recur.
 - 2. Calculating monthly income:
 - a. When calculating income for the month in which an unusual variation in income occurs, the Administration or designee shall include the unusual variation in the income calculation.
 - b. When an unusual variation in income occurs during the month, the Administration or its designee shall use the converted method for calculating monthly income if income is received weekly or bi-weekly.
 - c. When projecting income for the months following the month in which the unusual variation occurs, the Administration or designee shall exclude the unusual variation in income from the income calculation.

R9-22-1420. Eligibility For a Family Income Eligibility Criteria

- A.** The Department shall determine eligibility for AHCCCS medical coverage for a family unit when the requirements under this Section are met.
- B.** The family unit shall include the following when living together:
 - 1. A natural or adopted dependent child under age 18;
 - 2. A dependent child age 18, who is:
 - a. A full time student at a secondary school; or
 - b. Attending a vocational or technical training school which includes shop practicum for at least 30 hours per week or does not include shop practicum and attendance is at least 25 hours per week; and
 - c. Reasonably expected to complete the education or training before age 19; and
 - 3. A natural or adoptive parent of a dependent child.
 - 4. An unborn child of a person in the family unit.
- C.** The Department shall include the spouse of the dependent child's parent if the spouse wants to apply for AHCCCS medical coverage.
- D.** The Department shall include the dependent child's non-parent caretaker relative and the spouse of the non-parent caretaker relative, if the non-parent caretaker relative wants to apply for AHCCCS medical coverage and:
 - 1. Provides a dependent child with:
 - a. Physical care;
 - b. Support;
 - c. Guidance; and
 - d. Control; and
 - 2. The parent of a dependent child:
 - a. Does not live in the non-parent caretaker relative's home;
 - b. Lives with the non-parent caretaker relative but is also a dependent child; or
 - c. Lives with the non-parent caretaker relative but cannot function as a parent due to physical or mental impairment.
 - 3. The Department shall not include a SSI cash recipient in the family unit.
- E.** Income standard. The family unit's countable income shall not exceed 100 percent FPL adjusted annually based on the number of persons in the family unit.

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- F.** Continued medical coverage. An eligible member of the family unit under this Section may be entitled to continued AHCCCS coverage for up to 24 months if eligible under subsection (F)(3)(a) and up to four months if eligible under subsection (F)(3)(b) if the family unit's income exceeds the 100 percent FPL and the following conditions are met:
1. The family continues to include a dependent child;
 2. The family received AHCCCS medical coverage for three calendar months out of the most recent six months; and
 3. The loss of AHCCCS coverage is due to:
 - a. Increased earned income of the caretaker relative and the person is a member of the family unit in accordance with 42 U.S.C.1396a(e)(1) and 42 U.S.C.1396r-6; or
 - b. Increased spousal or child support and the family unit member meets requirements under 42 CFR 435.115(f) and Section 1931(e) of the Act.
- A.** Evaluation of income. In determining eligibility, the Department shall evaluate the following types of income received by a person identified in subsection (B):
1. Earned income, including in-kind income, before any deductions. For purposes of this Section, in-kind income means room, board, or provision for other needs in exchange for work performed. The provider of the in-kind income shall establish and verify the monetary value of the item provided. The provider may be, but is not limited to:
 - a. A landlord who provides all or a portion of rent or utilities in exchange for services;
 - b. A store owner who gives goods such as groceries, clothes, or furniture in exchange for services; or
 - c. An individual who trades goods such as a car, tools, trailer, building material, or gasoline in exchange for services;
 2. Self employment income under R9-22-1424, including gross business receipts minus business expenses; and
 3. Unearned income, including deemed income from the sponsor of a non-citizen applicant.
- B.** A person whose income is counted. The Department shall include the income of the following persons under Section 1902(a)(17) of the Act if living together unless the person is a SSI cash recipient:
1. Applicant;
 2. Applicant's parent, if the applicant is an unmarried dependent child who is less than 18 years old;
 3. Applicant's spouse;
 4. The sponsor, under 8 CFR 213(a)(1), and sponsor's spouse of a person meeting the alien requirements under A.R.S. § 36-2903.03;
 5. The non-parent caretaker relative and spouse, as allowed under R9-22-1427, and their unmarried minor children if applying as a family, which includes a dependent child living with a caretaker relative, under R9-22-1427;
- C.** Income exclusions. The Department shall not count the following income:
1. Agent Orange settlement fund payments;
 2. AmeriCorps Network Program benefits;
 3. Burial benefits dispersed solely for burial expenses;
 4. Cash contributions from other agencies or organizations so long as the contributions are not intended to cover the following items:
 - a. Food;
 - b. Rent or mortgage payments for shelter;
 - c. Utilities;
 - d. Household supplies, such as bedding, towels, laundry, cleaning, and paper supplies;
 - e. Public transportation fares for personal use;
 - f. Basic clothing or diapers; or
 - g. Personal care and hygiene items, such as soap, toothpaste, shaving cream, and deodorant;
 5. Disaster assistance provided under the Federal Disaster Relief Act, disaster assistance organizations, or comparable assistance provided by state or local governments;
 6. Educational grants or scholarships funded by the United States Department of Education or from a Veterans Education assistance program or the Bureau of Indian Affairs student assistance program;
 7. Energy assistance that is provided:
 - a. Either in cash or in-kind by a government agency or municipal utility, or
 - b. In-kind by a private nonprofit organization;
 8. Earnings from high school on-the-job training programs;
 9. Earned income of dependent children who are students enrolled and attending school at least half-time as defined by the institution;
 10. Fair Labor Standard Act supplemental payment;
 11. Food stamp benefits;
 12. Foster care maintenance payments intended for children who are not included in the family or Medical Expense Deduction (MED) unit;
 13. Funds set aside in an Individual Development Account under A.A.C. R6-12-404;
 14. Governmental rent and housing subsidies;

15. Income tax refunds, including any earned income tax credit;
 16. Loans from a private person, or a commercial or educational institution provided there is a written agreement for repayment of the loan;
 17. Nonrecurring cash gifts that do not exceed \$30 per person in any calendar quarter;
 18. Payments made from a fund established by the Susan Walker v. Bayer Corporation class action lawsuit or the Ricky Ray Hemophilia Relief Fund Act of 1998;
 19. Radiation exposure compensation payments;
 20. Reimbursement for work-related expenses which do not exceed the actual expense amount;
 21. Reimbursement for Job Opportunities and Basic Skills (JOBS) Program training-related expenses;
 22. Reparation and restitution payments under Section 1902(r) of the Act;
 23. SSI designated account and interest earned on that account;
 24. Temporary Assistance for Needy Families (TANF) or SSI cash assistance payment;
 25. Vendor payment, made by an organization or person who is not a member of the family or MED unit, to a third-party to cover family expenses;
 26. Volunteers In Service To America (VISTA) income that does not exceed the state or federal minimum wage;
 27. Vocational rehabilitation program payments made as reimbursement for training-related expenses, subsistence and maintenance allowances, and incentive payments that are not intended as wages;
 28. Women, Infants, and Children (WIC) benefits; or
 29. Any other income specifically excluded under 20 CFR Part 416 Appendix to Subpart K.
- D.** Special income provision for child support. The Department shall consider child support to be income of the child for whom the support is intended and count the child support income received after deducting \$50 per child receiving child support income from the monthly amount.
- E.** Determining income for a month.
1. Calculating monthly income. The Administration or its designee shall calculate monthly income under R9-22-1421 through R9-22-1426.
 2. The Administration or its designee shall deduct the applicable disregards and deductions to which a person is entitled for the month.
- F.** Earned Income Disregards.
1. General. The Department shall apply the earned income disregards to each employed person's gross earnings.
 2. Disregards. The Department shall apply the following method to calculate the amount of the countable earned income:
 - a. Subtract a \$90 cost of employment (COE) allowance from the gross amount of earned income for each person whose earned income is counted;
 - b. Subtract an amount billed for the care of each dependent child or incapacitated adult member who is the responsibility of the person whose income is counted, if the care is for the purpose of allowing the person to work. If more than one person in the household is responsible for and billed for the care of a dependent child the disregard may be split between the wage earners to the benefit of the family, but shall not exceed the maximum disregards as follows:
 - i. A maximum of \$200 for each child under age two and \$175 for each other dependent for a wage-earner employed full-time (86 or more hours per month); and
 - ii. A maximum of \$100 for each child under age two, and \$88 for each other dependent for a wage earner employed part-time (less than 86 hours a month);
 3. Loss of disregards. The Department shall not apply the earned income disregards if the member fails to report to the Department a change in earned income within 10 days from the date the change becomes known to the member. The change report to the Department shall be postmarked no later than the 10th day from the date the change becomes known.

R9-22-1421. Eligibility for a Person Not Eligible as a Family Income Eligibility

Income standards. A person who is not approved in a family unit under R9-22-1420 but meets all the eligibility requirements in the Article is eligible for AHCCCS medical coverage if income does not exceed the following FPL levels adjusted annually:

1. 140 percent for a pregnant woman or a child under one year of age;
 2. 133 percent for a child age one through five years of age, or
 3. 100 percent for all other persons.
- A.** A person is eligible under this Article unless the person's monthly income exceeds the appropriate Federal Poverty Level (FPL) listed in R9-22-1427 and R9-22-1428. A person is eligible under R9-22-1437 unless the person's income during the period defined in R9-22-1437(C) exceeds the FPL under R9-22-1437(B).
- B.** Definitions.
1. "Monthly income" means the gross countable income received or projected to be received during the month or the monthly equivalent.

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2. “Monthly equivalent” means a monthly countable income amount established by averaging, prorating, or converting a person’s income.

R9-22-1422. ~~Eligibility for a Newborn~~ Methods for Calculating Monthly Income

~~A child born to a mother eligible and receiving medical coverage under this Article, Article 15, and 9 A.A.C. 22, is automatically eligible for AHCCCS medical coverage for a period not to exceed 12 months if the child continuously lives with the mother in the state of Arizona. Eligibility begins on the child’s date of birth and ends with the last day of the month in which the child turns age one. The Department shall conduct an informal review at six months to ensure the child resides with the mother in Arizona.~~

A. Projecting income.

1. Description. Projecting income is a method of determining the amount of income that a person will receive.
2. Calculation. The Administration or designee shall project income by:
 - a. Converting income to a monthly equivalent,
 - b. Using unconverted income, or
 - c. Prorating income to determine a monthly equivalent.
3. Exclusion. When calculating projected monthly income, the Administration or designee shall exclude an unusual variation in income, except for a month in which the variation is anticipated to occur.

B. Averaged income.

1. Description. Averaging income proportionally distributes the person’s income received on a regular basis.
2. Calculation. To average income, the Administration or designee shall add the amount of the income and divide by the total number of pay periods. If the amount of income received per pay period fluctuates, and the fluctuation is expected to continue, the Administration or designee shall:
 - a. Use the averaged weekly or bi-weekly amounts to convert weekly or bi-weekly income to a monthly equivalent;
 - b. Use the averaged monthly or semi-monthly amounts to project monthly income; and
 - c. Use the averaged hours worked and multiply the average by the current rate of pay. If there is a change in the rate of pay, use the new rate of pay when calculating projected income under subsection (A).

C. Prorated income.

1. Description. Prorated income evenly distributes a person’s income over the period the income is intended to cover to calculate a monthly equivalent.
2. Calculation. To prorate income, the Administration or designee shall divide the total amount of the person’s income received during the period by the number of months that the income is intended to cover.

D. Converted income.

1. Description. Converted income is income received weekly or biweekly that is changed to a monthly equivalent.
2. Calculation.
 - a. The Administration or designee shall average the weekly or bi-weekly income amounts before converting to the monthly equivalent if the person’s past income fluctuates and the fluctuation is expected to recur.
 - b. To convert income paid weekly to a monthly equivalent, the Administration or designee shall multiply the weekly average by 4.3 weeks.
 - c. To convert income paid bi-weekly to a monthly equivalent, the Administration or designee shall multiply the bi-weekly average by 2.15 weeks.

E. Unconverted income.

1. Description. Unconverted income is the actual amount of income received or projected to be received during a month.
2. Calculation. The Administration or designee shall sum the actual amount of income received or projected to be received during a month.

R9-22-1423. ~~Extended Medical Coverage for a Pregnant Woman~~ Calculations and Use of Methods Listed in R9-22-1422 Based on Frequency of Income

~~A pregnant woman who applies for and is determined eligible for AHCCCS medical coverage during the pregnancy remains eligible throughout the 60-day postpartum period.~~

~~B. The postpartum period begins the day the pregnancy terminates and ends the last day of the month in which the 60th day falls.~~

A. Monthly income. If income is received monthly or in a lump sum, the Administration or designee shall use the unconverted method for calculating monthly income.

1. Lump sum means a nonrecurring payment that serves as a complete payment.
2. Lump sum payments include but are not limited to: rebates or credits; inheritances; insurance settlements; and payments for prior months from such sources as Social Security, Veterans Administration, Railroad Retirement, child support arrearages, or other benefits.
3. A lump sum payment may include a portion intended for the current month.

B. Weekly income. If income is received weekly, the Administration or designee shall convert the income to a monthly

equivalent under R9-22-1422(D).

C. Bi-weekly income. If income is received bi-weekly, the Administration or designee shall convert the income to a monthly equivalent under R9-22-1422(D).

D. Semi-monthly or daily income. If income is received semi-monthly or daily, the Administration or designee shall use the unconverted method for calculating monthly income under R9-22-1422(E).

E. Bimonthly, quarterly, semi-annual, or annual income. If income is received bimonthly, quarterly, semi-annually, or annually, the Administration or designee shall prorate the income received or projected to be received under R9-22-1422(C).

R9-22-1424. ~~Family Planning Services Extension Program~~ Use of Methods Listed in R9-22-1423 Based on Type of Income

~~A. Except as under this Section, a person may receive family planning services as provided in A.R.S. § 36-2907.04.~~

~~B. The Administration shall deny or terminate family planning services under this Section for any of the following reasons:~~

- ~~1. Voluntary withdrawal;~~
- ~~2. Loss of contact;~~
- ~~3. Failure to provide information;~~
- ~~4. Incarceration;~~
- ~~5. Move out of state~~
- ~~6. Sterility, or~~
- ~~7. Death.~~

A. New income.

1. Description. New income is income received from a new source during the first calendar month that the income is received from the source.

2. Calculating monthly income.

a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.

b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.

B. Terminated income.

1. Description. Terminated income is income received during the last calendar month that income is received from a source when no more income is expected to be received.

2. Calculating monthly income.

a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.

b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.

C. Break in income.

1. Description. A break in income is a break in established frequency of income of one calendar month or more.

2. Calculating monthly income.

a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.

b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.

D. Contract income.

1. Description. Contract income is income a person earns under a contract or other legal document that specifies a length of time the contract or legal document covers, the amount of income to be paid, and the frequency of payment.

2. Calculating monthly income.

a. The Administration or designee shall calculate the monthly income based on the frequency of payment if income is paid more frequently than monthly.

b. The Administration or designee shall prorate over the period of time specified by the contract if income is paid monthly or less frequently.

E. Unusual variation in the amount of income.

1. Description. Unusual variation is an amount of income that is different from the established amount received and is not projected to continue or recur.

2. Calculating monthly income.

a. When calculating income for the month in which an unusual variation in income occurs, the Administration or designee shall include the unusual variation in the income calculation.

b. When an unusual variation in income occurs during the month, the Administration or its designee shall use the converted method for calculating monthly income if income is received weekly or bi-weekly.

c. When projecting income for the months following the month in which the unusual variation occurs, the Adminis-

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tration or designee shall exclude the unusual variation in income from the income calculation.

E. Self-employment income.

1. Description. Self-employment income is income a person earns from his or her own trade or business less allowable expenses.
2. Calculating monthly income. The Administration or its designee shall use the following methods listed in the following order:
 - a. When the self-employed person filed a tax return for the prior year and the person states that the current income is the same, the Administration or its designee shall prorate the income under R9-22-1422.
 - b. When the self-employed person did not file a tax return for the prior year or states that the current income is not the same, the Administration or its designee shall:
 - i. Use the person's business ledger or other records to verify the current income received, less allowable expenses; and
 - ii. Use the appropriate method described in R9-22-1423 to calculate the monthly income.
 - c. When the self-employed person did not file a tax return or keep business records of the income received and expense incurred during the verification period, the Administration or its designee:
 - i. Shall use the person's written statement to verify income received;
 - ii. Shall not deduct incurred expenses from the income without hard-copy verification of the expense; and
 - iii. Shall use the appropriate method described in R9-22-1423 to calculate the monthly income.

R9-22-1425. ~~Young Adult Transitional Insurance Sponsor Deemed Income~~

A person under the age of 21 who was in foster care under the responsibility of the state on their 18th birthday is eligible for AHCCCS medical coverage under § 36-2901.6(a)(iii).

- A.** The Administration or its designee shall use income of a USCIS sponsor to determine eligibility for a non-citizen applicant, whether or not the income is available unless exempt under Section R9-22-1426.
- B.** The following definitions apply to this Article:
 1. "Sponsor" means an individual who signed the USCIS I-864 Affidavit of Support agreeing to support a non-citizen as a condition of the non-citizen's admission for permanent residence in the United States.
 2. "Sponsor deemed income" means unearned income for any applicant named on the USCIS I-864 Affidavit of Support who is applying for benefits for AHCCCS medical coverage.
- C.** Counting the income from a Sponsor.
 1. The sponsor deeming rule applies to non-citizens applicants who:
 - a. Are Lawful Permanent Residents;
 - b. Applied for Lawful Permanent Resident Status on or after December 19, 1997;
 - c. Are sponsored by an individual who signed a USCIS I-864 Affidavit of Support; and
 - d. Are eligible for full AHCCCS health insurance.
 2. Sponsor deemed income shall be considered the income of the non-citizen applicant only.
 3. The Administration shall stop using sponsor deeming rules when:
 - a. The applicant becomes a naturalized U.S. citizen;
 - b. The customer qualifies for an exemption listed in R9-22-1426; or
 - c. The sponsor dies.
- D.** Determining the Income from a Sponsor
 1. For an applicant who is exempt from sponsor deeming rules under subsections R9-22-1426(C) and (D), only the cash contributions actually received from the sponsor are countable income to the applicant.
 2. For an applicant whose income must include sponsor deemed income, exclude any cash contributions received from the sponsor.
- E.** Calculation of Income from a Sponsor.
 1. Include the total gross income of the sponsor and the following individuals who live in the sponsor's household:
 - a. The sponsor's spouse,
 - b. The sponsor's dependent children, and
 - c. The sponsor's spouse's dependent children.
 2. Subtract the total gross income from 100% of the FPL for the sponsor's family size; and
 3. This amount represents the remaining amount deemed to the applicant from the sponsor.

R9-22-1426. ~~Special Groups For Children-Exemptions to Sponsor Deemed Income~~

The Administration shall provide AHCCCS medical coverage to children eligible for Title IV-E adoption subsidy or Title IV-E foster care under 42 CFR 435.145 and children eligible for state adoption subsidy under 42 CFR 435.227.

- A.** Applicants must provide proof when claiming an exemption from sponsor deemed income.

- B.** The Administration shall grant an exemption from using a sponsor's income for Lawful Permanent Resident applicants when the applicant:
1. Entered the U.S. or applied for a visa or adjustment of status before December 19, 1997;
 2. Adjusted immigration status to Lawful Permanent Resident from status as a refugee or asylee;
 3. Qualifies only for Federal Emergency Services;
 4. Has a sponsor who signed an Affidavit of Support other than the USCIS Form I-864;
 5. Is the spouse or child of the sponsor and lives with the sponsor;
 6. Is indigent as specified in R9-22-1426(C);
 7. Is a victim of domestic violence or extreme cruelty as specified in R9-22-1426(D); or
 8. Has acquired 40 qualified quarters of coverage based on earnings as specified in R9-22-1426(E).
- C.** The Administration shall grant an exemption from sponsor deeming for Indigent applicants for a period of 12 months beginning with the application month. Indigent status must be redetermined at each renewal.
1. An applicant is indigent when all three of the following are met:
 - a. The applicant does not reside with his or her sponsor;
 - b. The applicant does not receive free room and board; and
 - c. The applicant's total gross income including monies received from the sponsor and the value of any vendor payments received for food, utilities, or shelter does not exceed 100% of the Federal Poverty Limit.
 2. The Administration shall send a notice to the Department of Homeland Security when approving an applicant who is exempt from sponsor deeming due to indigency.
- D.** The Administration shall grant an exemption from sponsor deeming for applicants who are victim of domestic violence and extreme cruelty for a period of 12 months beginning with the application month. This status must be redetermined at each renewal.
1. An applicant is considered to be a victim of domestic violence and extreme cruelty when all of the following are met:
 - a. The applicant is the victim, the parent of a child victim, or the child of a parent victim;
 - b. The perpetrator of the abuse was the spouse or parent or other family member related by blood, marriage, or adoption;
 - c. The abuser was residing in the same household as the victim when the abuse occurred;
 - d. The abuse occurred in the United States;
 - e. The applicant did not participate or comply without protest in the battery or cruelty; and
 - f. The victim does not currently live with the perpetrator.
 2. The applicant must provide proof that he or she is a victim of domestic violence or extreme cruelty by presenting one of the following:
 - a. USCIS form I-360 Petition for Amerasian, Widow or Special Immigrant;
 - b. USCIS form I-797 USCIS approval of the I-360 petition;
 - c. Reports or affidavits of the cruelty or violence from police, judges, or other court officials, medical personnel, school officials, clergy, social workers, counseling or mental health personnel and other social service agency personnel;
 - d. Legal documentation, such as an order of protection against the abuser or an order convicting the abuser of committing an act of domestic violence that chronicles the existence of abuse;
 - e. Evidence that indicates that the non-citizen sought safe haven in a battered women's shelter or similar refuge because of the battery against the applicant or her/her child; or
 - f. Photographs of the visibly injured person.
- E.** The Administration shall grant an exemption for applicants who have reached forty qualifying quarters of work credit.
1. The Administration or its designee shall not count quarters credited after January 1, 1997, that were earned while the applicant was receiving any federal means tested benefits.
 2. For applicants who claim to have attained 40 qualifying quarters of work credit, the credited quarters must be:
 - a. Quarters that the applicant worked;
 - b. Quarters worked by the applicant's spouse or deceased spouse during their marriage; or
 - c. Quarters worked by the parents while the applicant was under age 18.

R9-22-1427. ~~Eligibility for a Person With Medical Bills Whose Income is Over 100 Percent FPL~~ Eligibility for a Family

~~An applicant who is not eligible for AHCCCS medical coverage due to excess income may become AHCCCS eligible by deducting medical expenses from their income. This coverage is called Medical Expense Deduction (MED).~~

- A.** The Department shall determine eligibility for AHCCCS medical coverage for a family unit with an eligible deprived dependent child when the requirements under this Section are met. A woman in her third trimester of pregnancy with no other dependent children is considered a family unit with a dependent child.
- B.** The family unit shall include the following when living together:
1. A natural or adopted dependent child under age 18.

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2. A dependent child age 18, who is:
 - a. A full-time student at a secondary school; or
 - b. Attending a vocational or technical training school which includes shop practicum for at least 30 hours per week or does not include shop practicum and attendance is at least 25 hours per week; and
 - c. Reasonably expected to complete the education or training before age 19; and
3. A natural or adoptive parent of a dependent child.
- C.** The Department shall include the spouse of the dependent child's parent if the spouse wants to apply for AHCCCS medical coverage.
- D.** The Department shall include the dependent child's non-parent caretaker relative if the non-parent caretaker relative wants to apply for AHCCCS medical coverage and:
 1. Provides a dependent child with:
 - a. Physical care,
 - b. Support,
 - c. Guidance, and
 - d. Control.
 2. The parent of a dependent child:
 - a. Does not live in the non-parent caretaker relative's home;
 - b. Lives with the non-parent caretaker relative but is also a dependent child; or
 - c. Lives with the non-parent caretaker relative but cannot function as a parent due to physical or mental impairment.
 3. The Department shall not include a SSI-cash recipient in the family unit.
 4. The Department shall include the spouse of the non-parent caretaker relative if:
 - a. The non-parent caretaker relative applies and is eligible, and
 - b. The non-parent caretaker relative applies for the spouse.
- E.** The dependent child must be deprived of parental support and care by:
 1. Continued absence of a parent;
 2. Death of a parent;
 3. Disability of a parent, as determined by a healthcare practitioner;
 4. Unemployment or under-employment of a parent in a two-parent assistance unit.
- F.** Continued absence of a parent.
 1. Continued absence is established:
 - a. When the parent is out of the home and the absence either interrupts or terminates the parent's functioning as a provider of support, physical care, or guidance for the child;
 - b. When the known or indefinite duration of the absence precludes relying on the parent's planning for the present support or care of the child; and
 - c. When the absence is for a period of 30 days or more for any reason other than those listed in subsection (F)(2).
 2. Continued absence is not established:
 - a. The parent is voluntarily absent to visit friends or relatives, to seek employment or maintain a job, or to attend school or training as long as the parent in the home and the absent parent are not separated;
 - b. The parent is absent due to active military duty;
 - c. The parents live in separate dwellings and the dwellings are considered part of a single home; or
 - d. One parent is absent from the home in order to allow the remaining family members to qualify for medical assistance.
- G.** Disability of a parent, as determined by a healthcare practitioner:
 1. Disability is established if the applicant provides a medical statement from a healthcare practitioner. The statement shall include:
 - a. A diagnosis of the person,
 - b. A finding that the person has a physical or mental condition which prevents the person from working, and
 - c. An opinion concerning the duration of unemployability or a date for re-evaluation of unemployability.
 2. Disability is established without further medical verification, when the applicant provides evidence that:
 - a. The Social Security Administration (SSA) has determined that the person is eligible for Retirement, Survivors, Disability Insurance (RSDI) benefits due to blindness or disability;
 - b. The SSA has determined that the person is eligible for Supplemental Security Income (SSI) due to blindness or disability;
 - c. The Veteran's Administration has determined that the person has a 100% disability;
 - d. The person's physician has released the person from the hospital and imposed work restrictions for a specified recuperation period;
 - e. The person's employer or physician has required the person to terminate employment due to the onset of a disability and the physician has specified a recuperation period;

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- f. The person's physician has determined that the person is capable of employment only in a sheltered workshop, for a specified period of time, and the person is so employed; or
- g. A prior certification of disability is in the person's case record and is still valid to cover the period in which assistance is requested and will be received.
- H.** Unemployment or under-employment of a parent in a two-parent assistance unit.
 - 1. A child is deprived if the primary wage earning parent is unemployed or underemployed and the assistance unit meets the following requirements:
 - a. The child's natural or adoptive mother and father both reside with the child, and
 - b. Neither parent meets the provisions of subsection (E)(3).
 - 2. "Underemployment" means the parent's earned income combined with the assistance unit's other countable income does not exceed the income standards provided in subsection (I).
 - 3. "Primary wage earner" means whichever parent in a two-parent assistance unit earned the greater amount of income in the 24-month period immediately preceding the month in which an application for assistance is submitted.
- I.** Income standard. The family unit's countable income shall not exceed 100 percent FPL adjusted annually for the family unit.
- J.** Continued medical coverage. An eligible member of the family unit under this Section may be entitled to continued AHCCCS coverage for up to 12 months if eligible under subsection (J)(3)(a) and up to four months if eligible under subsection (J)(3)(b) if the family unit's income exceeds the 100 percent FPL and the following conditions are met:
 - 1. The family continues to include a dependent child.
 - 2. The family received AHCCCS medical coverage under this Section for three calendar months out of the most recent six months, and
 - 3. The loss of AHCCCS coverage under this Section is due to:
 - a. Increased earned income of the caretaker relative and the person is a member of the family unit in accordance with 42 U.S.C.1396a(e)(1) and 42 U.S.C.1396r-6, or
 - b. Increased spousal or child support and the family unit member meets requirements under 42 CFR 435.115(f) and Section 1931(c) of the Act.
- K.** An applicant may be added to the continued medical coverage, under subsection (J)(3)(a), of a family unit if the applicant did not reside with the family unit at the time continued medical coverage under this Section was determined, and the applicant is:
 - 1. The spouse or dependent child of the family unit who is receiving continued medical coverage, or
 - 2. The applicant is the parent of a dependent child who is a member of the family unit who is receiving continued medical coverage.

R9-22-1428. ~~MED Family Unit Eligibility for a Person Not Eligible as a Family~~

- ~~**A.** For the purpose of this subsection, a child is an unmarried person under age 18.~~
- ~~**B.** The Department shall consider each of the following to be a family when living together:
 - 1. A parent and that parent's minor children;
 - 2. A married couple without minor children;
 - 3. A married couple and the minor children of either or both spouses;
 - 4. Unmarried parents who live with minor children in common, and their minor children, whether in common or not, or
 - 5. A person without children.~~
- ~~**C.** If an applicant is pregnant, the family unit shall be increased by the number of unborn.~~
- ~~**D.** When a child in the MED family unit is a parent of children, who live with that child, the Department shall include the child's children in the family.~~
- ~~**E.** The Department shall not include a SSI cash recipient in the MED family unit even if a SSI cash recipient is a parent, spouse or child.~~

Income standards. A person who is not approved in a family unit under R9-22-1427 but meets all the eligibility requirements in the Article is eligible for AHCCCS medical coverage if countable income does not exceed the following FPL levels adjusted annually:

- 1. 140 percent for a child under one year of age.
- 2. 133 percent for a pregnant woman or a child age one through five years of age, or
- 3. 100 percent for all other persons.

R9-22-1429. ~~MED Income Eligibility Requirements Eligibility for a Newborn~~

- ~~**A.** Income exclusions. The exclusions in R9-22-1419(C) apply to the MED family unit.~~
- ~~**B.** Income standard:
 - 1. The Department shall divide the annual FPL for the MED family unit that is in effect during each month of the income period by 12 to determine the monthly FPL.
 - 2. The Department shall add the monthly FPLs for the income period and multiply the resulting amount by 40 percent.~~

3. Changes made to the annual FPL will be made effective in April each year.
- ~~C.~~ Income period. The income period is the month of application and the next two months. The Department shall add together the three months' income to establish the MED family unit's income amount.
- ~~D.~~ Medical expense deduction period. The medical expense deduction period is a three month period consisting of the month before the application month, the month of application, and month following the application month.
- ~~E.~~ The Department shall calculate the amount of countable monthly income as follows:
 1. Subtract a \$90 cost of employment allowance from the gross amount of earned income for each person whose earned income is counted;
 2. Subtract from the remaining earned income an amount billed by the child care provider for the care of each dependent child under age 18 or incapacitated adult member of the MED family unit for the purposes to allow the person to work, not to exceed:
 - a. \$200 for a child under age two and \$175 for the other dependents for a wage earner employed full time (86 or more hours per month); and
 - b. \$100 for a child under age two, and \$88 for the other dependents for a wage earner employed part time (less than 86 hours a month);
 3. Add the remaining earned income for each MED family member to the unearned income of all MED family members;
 4. Compare the MED family's unit countable income amount to the income standard in subsection (B). The difference is the amount of medical expenses the family shall incur during the medical expense deduction period to become eligible;
 5. Subtract allowable medical expense deductions which were incurred by:
 - a. A member of the MED family unit;
 - b. A deceased spouse or minor child of a MED family unit if this person would have been a member of the MED unit during the MED expense deduction period;
 - c. A person who was a minor child of a MED family unit member when the expense was incurred but who is no longer a minor child; or
 - d. A minor child who left home prior to the date of application to live with someone other than a parent. This includes a child who is a runaway;
 6. Compare the net MED family income to the income standard listed in subsection (B); and
 7. Family is eligible if the net income in subsection (6) does not exceed the income standard in subsection (B).

A child born to a mother eligible for and receiving medical coverage under this Article, Article 15, and 9 A.A.C. 28, is automatically eligible for AHCCCS medical coverage for a period not to exceed 12 months if the child continuously lives with the mother in the state of Arizona. Eligibility begins on the child's date of birth and ends with the last day of the month in which the child turns age one. The Department shall conduct an informal review at six months to ensure the child resides with the mother in Arizona.

R9-22-1430. MED Resource Eligibility Requirements-Extended Medical Coverage for a Pregnant Woman

- ~~A.~~ Include countable resources. The Department shall include the countable resources belonging to and available to members of the family, and sponsor and sponsor's spouse of a person who is a qualified alien under A.R.S. § 36-2903.03.
- ~~B.~~ Ownership and availability. The Department shall evaluate the ownership of resources to determine the availability of resources to a person listed in subsection (A):
 1. Jointly owned resources, with ownership records containing the words "and" or "and/or" between the owners' names, are available to each owner except if one of the owners refuses to sell. A consent to sale is not required if all owners are members of the MED family unit.
 2. Jointly owned resources, with ownership records containing the word "or" between the owners' names, are presumed to be available in full to each owner. The applicant or member may rebut the presumption by providing clear and convincing evidence of intent to establish a different type of ownership. If the presumption is rebutted, the resource is available to the owners:
 - a. Consistent with the intent of the owners, or
 - b. Based on each owner's proportionate net contribution if there is not clear and convincing evidence of a different allocation.
 3. The availability of a trust shall be established under 42 U.S.C. 1396p(d)(4)(A) or (C).
- ~~C.~~ Unavailability. The Department shall consider the following resources unavailable:
 1. Property subject to spendthrift restriction which may include:
 - a. Accounts established by the SSA, Veteran's Administration, or similar sources which mandate that the funds in the account be used for the benefit of a person not residing with the MED family unit; or
 - b. Trusts established by a will or funded solely by the income and resources of someone other than a member of the MED family unit.
 2. A resource being disputed in divorce proceedings or in probate matters;

3. Real property located on a Native American reservation;
 4. A resource held by a conservator are unavailable to the extent court imposed restrictions make the resource unavailable to the applicant, member, or member of the family unit for:
 - a. Medical care;
 - b. Food;
 - c. Clothing, or
 - d. Shelter.
- D.** Resource exclusion. The Department shall exclude the following resources:
1. One burial plot for each person listed in R9-22-1428;
 2. Household furnishings and personal items which are necessary for day-to-day living;
 3. Up to \$1500 of the value of one prepaid funeral plan, for each person listed in R9-22-1428, that specifically covers only funeral related expenses as evidenced by a written contract;
 4. The value of one motor vehicle regularly used for transportation. If the MED family unit owns more than one vehicle, the exclusion is applied to the vehicle with the highest equity value. The equity value of all remaining vehicles is counted toward the resource standard in subsection (F), subject to the limitations described in this Section;
 5. A vehicle used to earn income and not simply transportation to and from employment;
 6. The value of any vehicle in which the SSI-cash recipient has an ownership interest;
 7. The value of any vehicle used for medical treatment, employment, or transportation of a SSI-cash disabled child, and which is excluded by SSI for that reason;
 8. Funds set aside in an Individual Development Account under 6 A.A.C.12 Article 4; and
 9. Any other resource specifically excluded by federal law.
- E.** Calculation of resources. The Department shall determine the value of all household resources as follows:
1. Calculate the total amount of the liquid resources;
 2. Calculate the equity value of each non-liquid resource. The Department shall determine the equity value of a non-liquid resource by subtracting the amount of valid encumbrances on that resource from:
 - a. The market value of real property if the assessor's value of real property does not include the value of permanent structures on that property, or there is no assessor's evaluation of the property;
 - b. The assessor's full cash value as the value of all other real property;
 - c. The market value of all other nonliquid resources; and
 - d. The equity value of a resource shall not be less than zero.
 3. Determine the MED family unit's resources by adding the totals determined in subsections (1) and (2).
- F.** Resource standard. The resources determined in subsection (E) shall not exceed \$100,000 of which no more than \$5,000 shall be liquid assets.
- A.** A pregnant woman who applies for and is determined eligible for AHCCCS medical coverage during the pregnancy remains eligible throughout the 60-day postpartum period.
- B.** The postpartum period begins the day the pregnancy terminates and ends the last day of the month in which the 60th day falls.
- R9-22-1431. MED Effective Date of Eligibility Family Planning Services Extension Program**
- A.** The MED family unit is eligible on the day the income and resource eligibility requirements are met but no earlier than the first day of the month of application. If the family unit meets the income criteria in the application month but does not meet the resource limit until the following month, the family unit's effective date of eligibility is the first day of the month following the month of application.
- B.** The Department shall adjust the effective date of eligibility to an earlier date if:
1. A member presents verification of additional allowable medical expenses incurred on an earlier date during the medical expense deduction period, and
 2. A member presents the verification within 60 days of the approval of eligibility under this Section.
- C.** The Department shall not adjust an effective date of eligibility more than one time per application.
- D.** The Department shall adjust the effective date no later than 30 days after the end of the 60 day period.
- E.** The Department shall deny the application and provide the applicant a denial notice when an applicant does not meet the MED requirements under this Article during the month of application or the month following the month of application.
- A.** Except as under this Section, a person may receive family planning services as provided in A.R.S. § 36-2907.04.
- B.** The Administration shall deny or terminate family planning services under this Section for any of the following reasons:
1. Voluntary withdrawal.
 2. Loss of contact.
 3. Failure to provide information.
 4. Inmate of a public institution.
 5. Move out-of-state.

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6. Sterility, or

7. Death.

R9-22-1432. ~~MED-Eligibility-Period-Young Adult Transitional Insurance~~

~~Eligibility shall be approved for six months with changes in circumstances not affecting eligibility for the first three months. A person under the age of 21 who was in foster care under the responsibility of the state on the person's 18th birthday is eligible for AHCCCS medical coverage under A.R.S. § 36-2901.6(a)(iii).~~

R9-22-1433. Eligibility Appeals Special Groups for Children

A. Adverse actions. An applicant or member may appeal and request a hearing concerning any of the following adverse actions:

1. Complete or partial denial of eligibility;
2. Suspension, termination, or reduction of AHCCCS medical coverage; or
3. Delay in the eligibility determination beyond the time frames under this Article.

B. Notice of Action. The Department shall personally deliver or mail, by regular mail, a Notice of Action to the person affected by the action. For the purpose of this Section, the date of the Notice of Action shall be the date of personal delivery to the applicant or the postmark date, if mailed.

C. Automatic adjustments. An applicant or a member is not entitled to a hearing to challenge changes made automatically as a result of changes in federal or state law, unless the Department has incorrectly applied the law to the person seeking the hearing.

D. Hearings to the Department of Economic Security. An applicant or member may request a hearing from the Department. The Department shall conduct the hearing in accordance with the Department's appeal procedures under A.A.C. R6-12-1002, R6-12-1003, and R6-12-1005 through R6-12-1013. For purposes of this Section, any references in the Department's rules to the word "benefits" shall refer to AHCCCS medical coverage, any reference to the cash assistance program shall refer to the AHCCCS medical coverage, and references to cash overpayments are not applicable.

E. Stay of adverse action pending appeal and exceptions.

1. If an appellant files a request for appeal within 10 days after the date of the Notice of Action, the Department shall not impose the adverse action and shall continue AHCCCS medical coverage at the current level unless:
 - a. The appellant specifically waives continuation of current benefits, or
 - b. The appeal results from a change in federal or state law which mandates an automatic adjustment for all classes of recipients and does not involve a misapplication of the law;
2. The Department shall not impose the adverse action until receipt of an official written decision from the hearing officer except in the following circumstances:
 - a. If the agency mails the notice as required under R9-22-1411 and R9-22-1413 and the member does not request a hearing before the date of action;
 - b. At the hearing and on the record, the hearing officer finds that:
 - i. The sole issue involves application of law;
 - ii. The Department properly applied the law; and
 - iii. The Department determined the correct level of assistance for the appellant;
 - c. A change in eligibility occurs for a reason other than the issue on appeal, and the member receives and fails to timely appeal a Notice of Action concerning the change;
 - d. Federal or state law mandates an automatic adjustment for classes of recipients;
 - e. The appellant withdraws the request for hearing; or
 - f. The appellant fails to appear for a scheduled hearing without prior notice to the Department's Office of Appeals, and the hearing officer does not rule in favor of the appellant based upon the record.
3. An appellant whose AHCCCS medical coverage has been continued may be financially liable for all AHCCCS medical coverage received during a period of ineligibility if the Department finds in favor of a discontinuance decision.
4. If the appellant files a request for appeal more than 10 days after, but within 20 days of the date of the Notice of Action, the Department may impose the adverse action while the appeal is pending.

F. Retroactive eligibility. If the Department's Office of Appeals hearing decision finds in favor of the appellant, eligibility is retroactive to the date of discontinuance or the first day the person would have otherwise been eligible under this Article.

G. Further Appeal and Review of Hearing Decisions:

1. An appellant may appeal the hearing decision to the Department's Appeals Board under A.A.C. R6-12-1014.
2. The Appeals Board shall issue a final written decision to the appellant under A.A.C. R6-12-1015.
3. The parties may seek judicial review of the final written decision of the Appeals Board under Title 41, Chapter 14, Article 3, Arizona Revised Statutes. The Appeals Board's final decision shall identify the appellant's right to seek judicial review.

The Administration shall provide AHCCCS medical coverage to children eligible for Title IV-E adoption subsidy or Title IV-E foster care under 42 CFR 435.145 and children eligible for state adoption subsidy under 42 CFR 435.227.

R9-22-1435. ~~Repealed~~ Eligibility for a Person With Medical Bills Whose Income is Over 100 Percent FPL

An applicant who is not eligible for AHCCCS medical coverage due to excess income may become AHCCCS eligible by deducting medical expenses from the applicant's income. This coverage is called Medical Expense Deduction (MED).

R9-22-1436. ~~Repealed~~ MED Family Unit

- A.** If the purpose of this subsection, a child is an unmarried person under age 18.
- B.** The Department shall consider each of the following to be a family when living together:
 - 1. A parent and that parent's children.
 - 2. A married couple without children.
 - 3. A married couple and the children of either or both spouses.
 - 4. Unmarried parents who live with at least one child in common, and their other children, whether in common or not, or
 - 5. A person without children.
- C.** If an applicant is pregnant, the family unit shall be increased by the number of unborn.
- D.** A child of the children included in subsections (B)(1), (B)(3) and (B)(4) shall also be considered as part of the family unit when living together.
- E.** The Department shall not include a SSI-cash recipient in the MED family unit even if a SSI-cash recipient is a parent, spouse or child.

R9-22-1437. MED Income Eligibility Requirements

- A.** Income exclusions. The exclusions in R9-22-1420 (C) apply to the MED family unit.
- B.** Income standard.
 - 1. The Department shall divide the annual FPL for the MED family unit that is in effect during each month of the income period by 12 to determine the monthly FPL.
 - 2. The Department shall add the monthly FPLs for the income period and multiply the resulting amount by 40 percent.
 - 3. Changes made to the annual FPL will be made effective in April each year.
- C.** Income period. The income period is the month of application and the next two months. The Department shall add together the three months' income to establish the MED family unit's income amount.
- D.** Medical expense deduction period. The medical expense deduction period is a three-month period consisting of:
 - 1. The month before the application month, the month of application, and month following the application month for new applications, or
 - 2. The last month of the prior MED eligibility period and the following two months for a MED eligibility review.
- E.** The Department shall calculate the amount of countable monthly income as follows:
 - 1. Subtract a \$90 cost of employment allowance from the gross amount of earned income for each person whose earned income is counted;
 - 2. Subtract from the remaining earned income an amount billed by the child care provider for the care of each dependent child under age 18 or incapacitated adult member of the MED family unit for the purpose of allowing the person to work. If more than one person in the household is responsible for and billed for the care of a dependent child the disregard may be split between the wage earners to the benefit of the family, but shall not exceed the maximum disregards as follows:
 - a. A maximum of \$200 for a child under age two and \$175 for the other dependents for a wage-earner employed full-time (86 or more hours per month); and
 - b. A maximum of \$100 for a child under age two, and \$88 for the other dependents for a wage earner employed part-time (less than 86 hours a month);
 - 3. Add the remaining earned income for each MED family member to the unearned income of all MED family members;
 - 4. Compare the MED family's unit countable income amount to the income standard in subsection (B). The difference is the amount of medical expenses the family shall incur during the medical expense deduction period to become eligible;
 - 5. Subtract allowable medical expense deductions which were incurred by:
 - a. A member of the MED family unit;
 - b. A deceased spouse or minor child of a MED family unit if this person would have been a member of the MED unit during the MED expense deduction period;
 - c. A person who was a minor child of a MED family unit member when the expense was incurred but who is no longer a minor child; or
 - d. A minor child who left home prior to the date of application to live with someone other than a parent. This includes a child who is a runaway.
 - 6. Compare the net MED family income to the income standard listed in subsection (B); and
 - 7. The family is eligible if the net income in subsection (6) does not exceed the income standard in subsection (B).

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R9-22-1438. MED Resource Eligibility Requirements

- A.** Include countable resources. The Department shall include the countable resources belonging to and available to members of the family, and sponsor and sponsor's spouse of a person who is a qualified alien under A.R.S. § 36-2903.03.
- B.** Ownership and availability. The Department shall evaluate the ownership of resources to determine the availability of resources to a person listed in subsection (A).
1. Jointly owned resources, with ownership records containing the words "and" or "and/or" between the owners' names, are available to each owner except if one of the owners refuses to sell. A consent to sale is not required if all owners are members of the MED family unit.
 2. Jointly owned resources, with ownership records containing the word "or" between the owners' names, are presumed to be available in full to each owner. The applicant or member may rebut the presumption by providing clear and convincing evidence of intent to establish a different type of ownership. If the presumption is rebutted, the resource is available to the owners:
 - a. Consistent with the intent of the owners, or
 - b. Based on each owner's proportionate net contribution if there is not clear and convincing evidence of a different allocation.
 3. The availability of a trust shall be established under 42 U.S.C. 1396p(d)(4)(A) or (C).
- C.** Unavailability. The Department shall consider the following resources unavailable:
1. Property subject to spendthrift restriction which may include:
 - a. Accounts established by the SSA, Veteran's Administration, or similar sources which mandate that the funds in the account be used for the benefit of a person not residing with the MED family unit; or
 - b. Trusts established by a will or funded solely by the income and resources of someone other than a member of the MED family unit.
 2. A resource being disputed in divorce proceedings or in probate matters;
 3. Real property located on a Native American reservation;
 4. A resource held by a conservator is unavailable to the extent court imposed restrictions make the resource unavailable to the applicant, member, or member of the family unit for:
 - a. Medical care,
 - b. Food,
 - c. Clothing, or
 - d. Shelter.
- D.** Resource exclusion. The Department shall exclude the following resources:
1. One burial plot for each person listed in R9-22-1436;
 2. Household furnishings and personal items which are necessary for day-to-day living;
 3. Up to \$1,500 of the value of one prepaid funeral plan, for each person listed in R9-22-1436, that specifically covers only funeral-related expenses as evidenced by a written contract;
 4. The equity value of all vehicles is counted toward the resource standard in subsection (F) except for:
 - a. The value of one motor vehicle regularly used for transportation. If the MED family unit owns more than one vehicle, the exclusion is applied to the vehicle with the highest equity value;
 - b. The value of a vehicle used to earn income and not used simply for transportation to and from employment;
 - c. The value of a vehicle in which a SSI-cash recipient has an ownership interest; and
 - d. The value of any vehicle used for medical treatment, employment, or transportation of a SSI-cash disabled child, and which is excluded by SSI for that reason.
 5. Funds set aside in an Individual Development Account under 6 A.A.C.12, Article 4; and
 6. Any other resource specifically excluded by federal law.
- E.** Calculation of resources. The Department shall determine the value of all household resources as follows:
1. Calculate the total amount of the liquid resources;
 2. Calculate the equity value of each non-liquid resource. The Department shall determine the equity value of a non-liquid resource by subtracting the amount of valid encumbrances on that resource from:
 - a. The market value of real property if there is no assessor's evaluation of the property;
 - b. The market value of real property if the assessor's value of the real property does not include the value of permanent structures on that property.
 - c. The assessor's full cash value as the value of all other real property.
 - d. The market value of all other nonliquid resources; and
 - e. The equity value of a resource shall not be less than zero.
 3. Determine the MED family unit's resources by adding the totals determined in subsections (1) and (2).
- F.** Resource standard. The resources determined in subsection (E) shall not exceed \$100,000 of which no more than \$5,000 shall be liquid resources.

R9-22-1439. MED Effective Date of Eligibility

- A.** The MED family unit is eligible on the day the income and resource eligibility requirements are met but no earlier than the first day of the month of application. If the family unit meets the income requirements in the application month but does not meet the resource limit until the following month, the family unit's effective date of eligibility is the first day of the month following the month of application.
- B.** The Department shall adjust the effective date of eligibility under subsection (A) to an earlier date if:
 - 1. A member presents verification of additional allowable medical expenses incurred on an earlier date during the medical expense deduction period that allow the member to meet the income requirements, and
 - 2. A member presents the verification within 60 days of the approval of eligibility under this Section.
- C.** The Department shall not adjust an effective date of eligibility more than one time per application.
- D.** The Department shall adjust the effective date no later than 30 days after the end of the 60 day period under subsection (B)(2).
- E.** The Department shall deny the application and provide the applicant a denial notice when an applicant does not meet the MED requirements under this Article during the month of application or the month following the month of application.

R9-22-1440. MED Eligibility Period

Eligibility shall be approved for six months with changes in circumstances not affecting eligibility for the first three months.

R9-22-1441. Eligibility Appeals

- A.** Adverse actions. An applicant or member may appeal and request a hearing concerning any of the following adverse actions:
 - 1. Complete or partial denial of eligibility under R9-22-1413;
 - 2. Suspension, termination, or reduction of AHCCCS medical coverage under R9-22-1415;
 - 3. Delay in the eligibility determination beyond the time-frames under this Article;
 - 4. The imposition of or increase in a premium or copayment; or
 - 5. The effective date of eligibility.
- B.** Notice of Action. The Department shall personally deliver or mail, by regular mail, a Notice of Action to the person affected by the action. For the purpose of this Section, the date of the Notice of Action shall be the date of personal delivery to the applicant or the postmark date, if mailed.
- C.** Automatic Change and Hearing Rights.
 - 1. An applicant or a member is not entitled to a hearing if the sole issue is a federal or state law requiring an automatic change adversely affecting some or all recipients.
 - 2. An applicant or a member is entitled to a hearing if a federal or state law requires an automatic change and the applicant or member timely files an appeal and request for a State Fair Hearing alleges a misapplication of the facts of the law.
- D.** Hearings to the Department of Economic Security. An applicant or member may request a hearing from the Department. The Department shall conduct the hearing in accordance with the Department's appeal procedures under A.A.C. R6-12-1002, R6-12-1003, and R6-12-1005 through R6-12-1013. For purposes of this Section, any references in the Department's rules to the word "benefits" shall refer to AHCCCS medical coverage, any reference to the cash assistance program shall refer to the AHCCCS medical coverage, and references to cash overpayments are not applicable.
- E.** Stay of adverse action pending appeal and exceptions.
 - 1. Except as provided in subsection (C), if an appellant files an appeal and request for hearing within 10 days after the date of the Notice of Action under R9-22-1415, the Department shall not impose the adverse action. AHCCCS shall continue medical coverage at the current level unless the appellant specifically waives continuation of current benefits.
 - 2. The Department shall not impose the adverse action until receipt of an official written decision from the hearing officer except in the following circumstances:
 - a. The member does not request a hearing before the date of action, if the agency mails the notice as required under R9-22-1415;
 - b. At the hearing and on the record, the hearing officer finds that:
 - i. The sole issue involves application of a federal or state law;
 - ii. The Department properly applied the law to the facts, and
 - iii. The Department determined the correct level of medical assistance for the appellant;
 - c. A change in eligibility occurs for a reason other than the issue on appeal, and the member receives and fails to timely appeal a Notice of Action concerning the change;
 - d. The appellant withdraws the request for hearing; or
 - e. The appellant fails to appear for a scheduled hearing without prior notice to the Department's Office of Appeals, and the hearing officer does not rule in favor of the appellant based upon the record.
 - 3. An appellant whose AHCCCS medical coverage has been continued may be financially liable for all AHCCCS med-

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- ical coverage received during a period of ineligibility if the Department finds in favor of a discontinuance decision.
4. If the appellant files a request for appeal more than 10 days after, but within 20 days of the date of the Notice of Action, the Department may impose the adverse action while the appeal is pending.
- F.** Retroactive eligibility. If the Department's Office of Appeals hearing decision finds in favor of the appellant, eligibility is retroactive to the date of discontinuance or the first day the person would have otherwise been eligible under this Article.
- G.** Further Appeal and Review of Hearing Decisions.
1. An appellant may appeal the hearing decision to the Department's Appeals Board under A.A.C. R6-12-1014.
 2. The Appeals Board shall issue a final written decision to the appellant under A.A.C. R6-12-1015.
 3. The parties may seek judicial review of the final written decision of the Appeals Board under Title 41, Chapter 14, Article 3, Arizona Revised Statutes. The Appeals Board's final decision shall identify the appellant's right to seek judicial review.

ARTICLE 15. AHCCCS MEDICAL COVERAGE FOR PEOPLE WHO ARE AGED, BLIND, OR DISABLED

R9-22-1501. General Information

A. General. The Administration shall determine eligibility for AHCCCS medical coverage for the following applicants or members using the eligibility criteria and requirements in this Article:

1. A person who is aged, blind, or disabled and does not receive SSI cash ~~under 42 CFR 435.210~~; and
2. A person terminated from the SSI cash program under R9-22-1505.

B. Definitions. In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

"Aged" means a person who is 65 years of age or older, specified in 42 U.S.C. 1382c(a)(1)(A).

"Blind" means a person who has been determined blind by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(2).

"Disabled" means a person who has been determined disabled by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(3)(A) through (E).

~~**B.C.**~~ Confidentiality. The Administration shall maintain the confidentiality and safeguard of information of the person's records and shall not disclose the person's financial, medical, or other confidential information except under Article 5 of this Chapter.

~~**C.D.**~~ Application process.

1. A person may apply for AHCCCS medical coverage by submitting a signed application to any Administration office or outstation location under ~~R9-22-1405~~ R9-22-1406.
2. The provisions in ~~R9-22-1405~~ R9-22-1406 (B), (C), and (E) apply to this Section.
3. The application date is the date a signed application is received at any Administration office or outstation location approved by the Director.
4. An applicant who files an application may withdraw the application, either orally or in writing. If an applicant withdraws an application, the Administration shall send the applicant a denial notice under subsection ~~(F)~~ (G).
5. Except as provided in 42 CFR 435.911, the Administration shall determine eligibility within 90 days for an applicant applying on the basis of disability and 45 days for all other applicants.
6. If an applicant dies while an application is pending, the Administration shall complete an eligibility determination for the deceased applicant.
7. The Administration shall complete an eligibility determination on an application filed on behalf of a deceased applicant, if the application is filed in the month of the applicant's death.

~~**D.E.**~~ Redetermination of eligibility for a person terminated from the SSI cash program.

1. Continuation of AHCCCS medical coverage. The Administration shall continue AHCCCS medical coverage for a person terminated from the SSI cash program until a redetermination of eligibility under subsection ~~(D)(2)~~ (E)(2) is completed.
2. Coverage group screening. The Administration shall screen for eligibility under any coverage group under A.R.S. §§ 36-2901(6)(a)(i), ~~and~~ (ii), (iii), (iv), and (v) and 36-2934.
 - a. If an applicant files an application for Arizona Long-Term Care System (ALTCS) coverage, the Administration shall determine eligibility under 9 A.A.C. 28, Article 4.
 - b. If an applicant or member is aged, blind, or disabled, but not in need of long-term care services, the Administration shall determine eligibility under this Article.
 - c. For all other persons, the Administration shall refer the applicant's case to the Department for an eligibility decision under Article 14.
3. Eligibility decision.
 - a. If an applicant is eligible under this Article or 9 A.A.C. 28, Article 4, the Administration or Department shall send a notice as under subsection (G) informing the applicant that AHCCCS medical coverage shall continue.

- b. If an applicant is ineligible, the Administration or Department shall send a notice as under subsection (G) to ~~dis-~~
~~continue~~ deny AHCCCS medical coverage.

~~E.F.~~ Eligibility effective date. Eligibility is effective on the first day of the month that all eligibility requirements are met, but no earlier than the month of application.

~~F.G.~~ Notice for approval or denial. The Administration shall send an applicant a written notice of the decision regarding the application. This notice shall include a statement of the intended action, and:

1. If approved, the notice shall contain the effective date of eligibility.
2. If approved under FESP, the notice shall also contain:
 - a. The emergency services certification end date,
 - b. A statement detailing the reason for the denial of full services,
 - c. The legal authority supporting the decision,
 - d. Where the legal authority supporting the decision can be found,
 - e. An explanation of the right to request a hearing, and
 - f. The date by which a request for hearing shall be received by the Administration.
3. If denied, the notice shall contain:
 - a. The effective date of the denial;
 - b. The reason for the denial, including specific financial calculations and the financial eligibility standard, if applicable;
 - c. Legal authority supporting the decision;
 - d. Where the legal authority supporting the decision can be found;
 - e. An explanation of the right to request a hearing; and
 - f. The date by which a request for hearing shall be received by the Administration.

~~G.H.~~ Reporting and verifying changes.

1. A member shall report to the Administration the following changes for an applicant or a member, an applicant's or member's spouse, and an applicant or member's dependent children:
 - a. Change of address;
 - b. Change in the household's members;
 - c. Change in income;
 - ~~d. Change in resources, when applicable;~~
 - ~~e. Determination of eligibility for other coverage;~~
 - ~~f.d.~~ Death;
 - ~~g.e.~~ Change in marital status;
 - ~~h.f.~~ Change in school attendance;
 - ~~i.g.~~ Change in Arizona state residency; and
 - ~~j.h.~~ Any other change that may affect the member's or applicant's eligibility.
2. A member shall report to the Administration the following changes for an applicant or a member:
 - a. Admission to a penal institution,
 - b. Change in U.S. citizenship or immigrant status,
 - c. Receipt of a Social Security number, and
 - d. Change in first- or third-party liability which may contribute to the payment of all or a portion of the person's medical costs.
3. A person shall report a change to the Administration either orally or in writing and shall include the:
 - a. Name of the affected applicant or member;
 - b. Description of the change;
 - c. Date the change occurred;
 - d. Name of the person reporting the change; and
 - e. Social Security or case number of the applicant or member, if known.
4. A person shall provide verification of changes if requested by the Administration.
5. A person shall report anticipated changes in eligibility to the Administration as soon as the person knows that the change will occur.
6. A person shall report an unanticipated change to the Administration within 10 days following the date the change occurred.

~~H.I.~~ Processing of changes and redeterminations. If a member receives AHCCCS medical coverage under subsection (A), the member's eligibility shall be redetermined at least once every 12 months or more frequently when changes occur under 42 CFR 435.916 which may affect eligibility.

~~I.J.~~ Actions that may result from a redetermination or change. The processing of a redetermination or change shall result in one of the following actions:

1. No change in eligibility,
2. Discontinuance of eligibility if a condition of eligibility is no longer met, or

3. A change in the program under which a person receives AHCCCS medical coverage.

~~J.~~K. Notice of discontinuance.

1. Contents of notice. The Administration shall issue a notice whenever it takes an adverse action to discontinue a member's eligibility. The notice shall contain the following information:
 - a. A statement of the action that is being taken;
 - b. The effective date of the action;
 - c. The reason for the discontinuance, including specific financial calculations and the financial eligibility standard if applicable;
 - d. The legal authority that supports the action proposed by the Administration;
 - e. Where the legal authority supporting the decision can be found;
 - f. An explanation of the right to request a hearing; and
 - g. The date by which a hearing request shall be received by the Administration and the right to continue medical coverage pending appeal.
2. Advance notice of changes in eligibility. Advance notice means a notice of proposed action that is issued to the member at least 10 days before the effective date of the proposed action. Except under subsection ~~(J)(3)-(K)(3)~~, advance notice shall be issued whenever an adverse action is taken to discontinue eligibility.
3. Exceptions from advance notice. A notice shall be issued to a member to discontinue eligibility no later than the effective date of the action if:
 - a. The member provides to the Administration a clearly written statement, signed by that member, that:
 - i. Services are no longer wanted; or
 - ii. Gives information that requires termination or reduction of services and indicates that the member understands that this is the result of supplying that information;
 - b. The member provides information to the Administration that requires termination of eligibility and a member signs a written statement waiving advance notice;
 - c. The member cannot be located and mail sent to the member's last known address has been returned as undeliverable subject to reinstatement of discontinued services under ~~42 CFR 231(d)~~ 42 CFR 431.213(d);
 - d. The member has been admitted to a public institution where a person is ineligible for coverage;
 - e. The member has been approved for Medicaid in another state; or
 - f. The Administration receives information confirming the death of the member.

~~K.~~L. Request for hearing. An applicant or member may request a hearing under ~~Article 8 of this~~ Chapter 34 for any of the following adverse actions:

1. Complete or partial denial of eligibility;
2. Termination or reduction of AHCCCS medical coverage; or
3. Delay in the eligibility determination beyond the time-frames listed in R9-22-1501~~(C)~~ (D).

~~L.~~M. Assignment of rights. A person determined eligible assigns rights to all types of medical benefits to which the person is entitled under operation of law under A.R.S. § 36-2903.

R9-22-1502. General Eligibility Criteria

A. Social Security Number.

1. An applicant applying under R9-22-1501(A)(1), (A)(2), and R9-22-1505(A) shall furnish a SSN or apply for one, under 42 CFR 435.910 and 435.920.
2. An applicant who meets all other eligibility criteria except those in subsection (C) shall provide a SSN unless the applicant cannot legally obtain one.
3. If an applicant cannot recall or has not been issued a SSN, the Administration shall assist in obtaining or verifying the applicant's SSN under 42 CFR 435.910.

B. State Residency. As a condition of eligibility, a person shall be a resident of Arizona under 42 CFR 435.403.

C. Citizenship and Immigrant Status.

1. As a condition of eligibility for full services under Article 2, an applicant or member shall be a citizen of the United States, or shall meet requirements for qualified alien under A.R.S. §§ 36-2903.03(A) and 36-2903.03(B), or A.R.S. § 36-2903.03(C).
2. An applicant is eligible for emergency medical services defined in R9-22-217 when the applicant is either a qualified alien or noncitizen who:
 - a. Meets all other eligibility requirements, except those in subsection (1), and
 - b. Is eligible under A.R.S. §§ 36-2901(6)(a)(i), 36-2901(6)(a)(ii), or 36-2901(6)(a)(iii).

D. Applicant and Member Responsibility. As a condition of eligibility, an applicant and member shall:

1. ~~An applicant and member shall authorize~~ Authorize the Administration to obtain verification.
2. ~~As a condition of eligibility, an applicant and member shall:~~

- 3-2. Give the Administration complete and truthful information. The Administration may deny an application or discontinue eligibility if:
 - a. The applicant or member fails to provide information necessary for initial or continuing eligibility,
 - b. The applicant or member fails to provide the Administration with written authorization to permit the Administration to obtain necessary verification,
 - c. The applicant or member fails to provide verification after the Administration had made an effort to obtain the necessary verification but has not obtained the necessary information, or
 - d. The applicant or member does not assist the Administration in resolving incomplete, inconsistent, or unclear information that is necessary for initial or continuing eligibility.
 - 4-3. Comply with the DCSE under 42 CFR 433.148 in establishing paternity and enforcing medical support obligations when requested. The Administration shall not deny AHCCCS eligibility to any applicant who would otherwise be eligible and who is a minor child and whose parent or legal representative does not cooperate with the medical support requirements or first-and third-party liability under Article 10;
 - 5-4. Provide information concerning third-party coverage for medical care;
 - 6-5. Take all necessary steps to obtain annuity, pension, retirement, and disability benefits for which an applicant or member may be entitled.
- E. Inmate of a public institution. An inmate of a public institution is not eligible for AHCCCS coverage if federal financial participation (FFP) is not available.
- F. Verification of eligibility information.
- 1. The applicant or member has the primary responsibility to provide the Administration with verification for all information necessary to complete the determination of eligibility.
 - 2. The Administration shall provide an applicant or member no less than 10 days following the date of written request for the information to provide required verification. If an applicant or member does not provide the required information timely, the Administration may deny the application or discontinue eligibility.

R9-22-1503. Financial Eligibility Criteria

- A. General income eligibility. The Administration shall count the income under 42 U.S.C. 1382a and 20 CFR 416 Subpart K with the following exceptions in (B).
- B. Exceptions.
- 1. In-kind support and maintenance is excluded. In-kind support and maintenance is explained in 42 U.S.C. 1382a(a)(2)(A).
 - 2. For a person living with a spouse, the computation rules for an eligible couple are followed for the net income calculation, even if the spouse is not eligible for or applying for SSI or coverage under this Article.
 - 3. In determining the net income of a married couple living with a child or of a person who is not living with a spouse but living with a child, a child allocation is allowed as a deduction from the combined net income of the couple for each child regardless of whether the child is ineligible or eligible. For the purposes of this Section, a child means a person who is unmarried, natural or adopted, under age 18 or under age 22 if a full-time student. Each child's allocation deduction is reduced by that child's income, including public income maintenance payments, using the methodology under 20 CFR 416.1163(b)(1) and (2).
 - 4. In determining the income deemed available to an applicant who is a child, from an ineligible parent or parents to an applicant who is a child, an allocation for each eligible or ineligible child of the parent is allowed as a deduction from the parent's income using the methodology under 20 CFR 416.1165(b) and each child's allocation is reduced by that child's income, including public income maintenance payments.
 - 5. In determining the income of a person who receives an annual Title II COLA increase, the COLA amount is disregarded for the months of January through March, but is countable income effective April to correspond with the FPL implementation date.
 - 6. Sponsor Deeming. The Administration or its designee shall use income of a USCIS sponsor to determine eligibility for a non-citizen applicant under R9-22-1425, whether or not the income is available unless exempt under subsection R9-22-1426.

R9-22-1504. Eligibility For A Person Who Is Aged, Blind, Or Disabled

- ~~A.~~ To be eligible for AHCCCS medical coverage an applicant shall meet the conditions of eligibility and requirements in this Article and meet one of the income tests described in subsections (B), (C), or the special requirements in R9-22-1505.
- A. To be eligible for AHCCCS medical coverage an applicant shall meet the conditions of eligibility and requirements in this Article:
- 1. Meet one of the income tests described in subsection (B) or (C), or
 - 2. The special requirements in R9-22-1505.
- B. The Administration shall determine if the applicant's countable income, as described in Section R9-22-1503, is less than or equal to 100 percent of the SSI FBR, adjusted annually.

- C. The Administration shall determine if the applicant's countable income, as described in Section R9-22-1503, without deducting the amount from earned income under 42 U.S.C. 1382a(b)(4)(B)(iii), is less than or equal to 100 percent FPL adjusted annually.

R9-22-1505. Eligibility for Special Groups

A. Special Groups.

1. A person, meeting the requirements in A.R.S. § 36-2903.03 who:
 - a. Is aged, blind, or disabled under 42 CFR 435.520; 42 CFR 435.530; or 42 CFR 435.540;
 - b. Received SSI cash or AHCCCS medical coverage under subsections (A)(1) through (A)(4) on or before August 21, 1996;
 - c. Was residing in the United States under color of law on or before August 21, 1996; and
 - d. Meets the requirements under this Article.
2. A disabled child (DC), under 42 U.S.C. 1396a(a)(10)(A)(i)(II). A disabled child is a child who:
 - a. Was receiving SSI cash benefits as a disabled child on August 22, 1996;
 - b. Lost SSI cash benefits effective July 1, 1997, or later, due to a disability determination under Section 211(d)(2)(B) of Subtitle B of P.L. 104-193;
 - c. Continues to meet the disability requirements for a child which were in effect on August 21, 1996; and
 - d. Meets the requirements under this Article.
3. A disabled adult child (DAC), under 42 U.S.C. 1383c(c), who:
 - a. Was determined disabled by the Social Security Administration before attaining the age of 22 years,
 - b. Became entitled to or received an increase in child's insurance benefits under Title II of the Social Security Act on the basis of blindness or disability,
 - c. Was terminated from SSI cash benefits due to entitlement to or an increase in Title II of the Social Security Act (DAC) income,
 - d. Meets the requirements under this Article, and
 - e. Is 18 years of age or older.
4. A disabled widow or widower (DWW), under 42 U.S.C. 1383c(d) who:
 - a. Is blind or disabled,
 - b. Is ineligible for Medicare Part A benefits,
 - c. Received SSI cash benefits the month before Title II of the Social Security Act (DWW) benefit payments began, and
 - d. Meets the requirements under this Article.
5. A person, under 42 CFR 435.135 who:
 - a. Is aged, blind, or disabled;
 - b. Receives benefits under Title II of the Social Security Act;
 - c. Received SSI cash benefits in the past;
 - d. Received SSI cash benefits and Title II of the Social Security Act benefits concurrently for at least one month anytime after April 1977;
 - e. Became ineligible for SSI cash benefits while receiving SSI and Title II of the Social Security Act concurrently; and
 - f. Meets the requirements under this Article.

B. Resource Criteria for Special Groups

1. ~~Except as provided in subsection (2), resource eligibility is determined using the resource criteria in 42 U.S.C. 1382a(3), U.S.C. 1382b, and 20 CFR 416 Subpart L.~~
2. ~~Exceptions. The value of the following resources is excluded from eligibility determination:~~
 - a. ~~Household goods and personal effects;~~
 - b. ~~Burial insurance;~~
 - c. ~~Assets that an applicant has irrevocably assigned to fund the expenses of a burial;~~
 - d. ~~The value of all life insurance if the face value does not exceed \$1,500 total per insured applicant and the policy has not been assigned to fund a burial plan or declaratively designated as a burial fund;~~
 - e. ~~The equity value up to \$1,500 of an asset to be used as a burial fund or a revocable burial arrangement if there is no irrevocable burial arrangement, and if an applicant remains continuously eligible, all appreciation in the value of such assets; and~~
 - f. ~~The value of oil, mineral, and timber rights.~~
3. ~~Resource limits. A person is not eligible if countable resources owned by the person exceed \$2,000 for a person or \$3,000 for a couple under 42 U.S.C. 1382(a)(3)(A) and (B).~~

C. Income for Special Groups

1. Except as provided in subsection (2), income eligibility is determined using the income criteria in R9-22-1503(A).
2. Exceptions to income for special groups.

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- a. For a person in the DAC coverage group, defined by R9-22-1505(A)(3), the applicant's Title II of the Social Security Act benefits are disregarded in determining income eligibility under 42 U.S.C. 1383c(c).
- b. For a person in the DWW coverage group, defined by R9-22-1505(A)(4), the applicant's Title II of the Social Security Act benefits are disregarded in determining income eligibility under 42 U.S.C. 1383c(b) and (d).
- c. For an applicant or member in the coverage group defined by R9-22-1505(A)(5), the portion of the applicant's or member's Title II of the Social Security Act benefits attributed to cost-of-living adjustments received by the applicant since the effective date of SSI ineligibility is disregarded in determining income eligibility under 42 CFR 435.135.

~~D.C.~~ 100 percent FBR. As a condition of eligibility for all special groups, countable income shall be equal to or less than 100 percent of the SSI FBR, adjusted annually.

NOTICE OF PROPOSED RULEMAKING

TITLE 18. ENVIRONMENTAL QUALITY

CHAPTER 2. DEPARTMENT OF ENVIRONMENTAL QUALITY

AIR POLLUTION CONTROL

[R05-227]

PREAMBLE

1. Sections Affected

R18-2-101
R18-2-333
R18-2-901
R18-2-1101

Rulemaking Action

Amend
Amend
Amend
Amend

2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):

Authorizing and implementing statutes: A.R.S. §§ 49-104(A)(11), 49-404(A), and 49-425(A)

3. A list of all previous notices appearing in the Register addressing the proposed rule:

Notice of Rulemaking Docket Opening: 11 A.A.R. 2235, June 10, 2005

4. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:

Name: Michele Mutchek

Address: ADEQ, Air Quality Planning Section
1110 W. Washington
Phoenix, AZ 85007

Telephone: (602) 771-2371 (Any ADEQ number may be reached in-state by dialing 1-800-234-5677 and asking for that extension.)

Fax: (602) 771-2366

E-mail: Mutchek.Michele@azdeq.gov

5. An explanation of the rule, including the agency's reasons for initiating the rule:

Summary. The Arizona Department of Environmental Quality (ADEQ) is proposing new and updated incorporations by reference of the following federal regulations in state rules: Acid Rain, New Source Performance Standards (NSPS), and National Emissions Standards for Hazardous Air Pollutants (NESHAP). In addition, ADEQ is proposing to update its definition of "Volatile Organic Compounds (VOC)" to reflect recent changes in the federal definition at 40 CFR 51.100. A typo is also being fixed in this rulemaking at R18-2-901(9) of the state rules.

VOC Revision. EPA's November 29, 2004, revision added four compounds to the list of compounds excluded from the definition of VOC. These compounds were: 1,1,1,2,2,3,3-heptafluoro-3-methoxy-propane (n-C[3]F[7]OCH[3]) (known as HFE-7000); 3-ethoxy-1,1,1,2,3,4,4,5,5,6,6,6-dodecafluoro-2-(trifluoromethyl) hexane (known as HFE-7500, HFE-s702, T-7145, and L-15381); 1,1,1,2,3,3,3-heptafluoropropane (known as HFC227ea); and methyl formate (HCOOCH[3]). A fifth compound, t-butyl acetate, will continue to be considered a VOC for purposes of all recordkeeping, emissions reporting, photochemical dispersion modeling and inventory requirements which apply to VOC and shall be uniquely identified in emission reports, but not defined as a VOC for purposes of VOC emissions limitations or VOC content requirements. These revisions will be reflected in the ADEQ definition of VOC at R18-2-101(126).

Acid Rain. Federal regulations already incorporated by reference from 40 CFR Parts 72, 74, 75, and 76, have been updated from July 1, 2003, to July 1, 2004, in R18-2-333. This includes only minor and technical changes. ADEQ is

obligated under state and federal law to incorporate federal acid rain requirements in the permits issued by ADEQ. (See R18-2-306(A)(2) and 40 CFR 70.6(a)(1).)

NSPS and NESHAP Regulations. Federal regulations already incorporated by reference from 40 CFR Parts 60 and 63 have been updated from July 1, 2003, to July 1, 2004, in R18-2-901 and R18-2-1101(B). Federal regulations already incorporated by reference from 40 CFR Part 61, have been updated from July 1, 2002, to July 1, 2004, in R18-2-1101(A). As explained further below, this includes new subparts in Part 63 and significantly revised subparts in 60 and 61.

Federal Regulations Proposed to be Incorporated.

ACID RAIN—40 CFR PARTS 72, 74, 75, AND 76

SUBPARTS ADDED: None

SUBPARTS SIGNIFICANTLY REVISED: None

NSPS —40 CFR PART 60

SUBPARTS ADDED: None

SUBPARTS SIGNIFICANTLY REVISED:

Subpart Kb—Standards of Performance for Volatile Organic Liquid Storage Vessels (Including Petroleum Liquid Storage Vessels) for Which Construction, Reconstruction, or Modification Commenced after July 23, 1984 [Added at: 68 FR 59328, 10/15/2003] On April 8, 1987, the Environmental Protection Agency (EPA) promulgated the Standards of Performance for Volatile Organic Liquid Storage Vessels (Including Petroleum Liquid Storage Vessels) for Which Construction, Reconstruction, or Modification Commenced After July 23, 1984. On March 27, 2000, the EPA issued a memorandum which stated that process tanks are “storage vessels” under the definition in the Standards of Performance for Volatile Organic Liquid Storage Vessels (Including Petroleum Liquid Storage Vessels) for Which Construction, Reconstruction, or Modification Commenced After July 23, 1984. On May 26, 2000, the American Forest and Paper Association (AF&PA) filed a petition for judicial review of the March 27, 2000 memorandum. In the October 15, 2003 action, the EPA promulgated final rule amendments which were proposed pursuant to a settlement agreement with AF&PA regarding their petition for judicial review of the March 27, 2000 memorandum. The final rule amendments exempted certain storage vessels by capacity and vapor pressure, exempted process tanks, and added the process tank definition. The EPA also amended the performance standards to exempt storage vessels that are subject to the National Emission Standards for Hazardous Air Pollutants: Solvent Extraction for Vegetable Oil Production.

NESHAP —40 CFR PART 61

SUBPARTS ADDED: None

SUBPARTS SIGNIFICANTLY REVISED:

Subpart M—National Emission Standards for Hazardous Air Pollutants for Asbestos [Added at 68 FR 54790, 09/18/2003] This EPA action amended the citation for labeling containers of asbestos waste materials, based on requirements in the Occupational Safety and Health Administration (OSHA) asbestos standard for the construction industry for proper labeling of asbestos waste. The amendments were made to correctly cite the appropriate numbering of the provisions in the OSHA regulations. The amendments were made by direct final rule.

NESHAP – 40 CFR PART 63

SUBPARTS ADDED:

Subpart C—List of Hazardous Air Pollutants, Petitions Process, Lesser Quantity Designations, Source Category List [Added at 61 FR 30816, 06/18/1996; 65 FR 47342, 08/02/2000; and 69 FR 69320, 11/29/2004] These EPA actions removed or modified substances from the EPA’s list of Hazardous Air Pollutants (HAP) in three separate rulemakings. The first rulemaking removed caprolactam from the HAP list. This rulemaking was initiated in response to a petition to delete the substance, which was filed by AlliedSignal, Inc., BASF Corporation, and DSM Chemicals North America. The second rulemaking revised the definition of glycol ethers to exclude each individual compound in a group called the surfactant alcohol ethoxylates (SAED) and their derivatives from the glycol ethers category in the HAP list. It was issued by EPA in response to an analysis of potential exposure and hazards of SAED that was prepared by the Soap and Detergent Association and submitted to EPA. The third rulemaking removed the compound ethylene glycol monobutyl ether (EGBE) (2-Butoxyethanol) from the group of glycol ethers in the HAP list. This June 18, 1996 action was taken in response to a petition to delete the substance submitted by the Ethylene Glycol Ethers Panel of the American Chemistry Council (formerly the Chemical Manufacturers Association) on behalf of

EGBE producers and consumers. In each of these actions, EPA determined that there were adequate data on the health and environmental effects of these substances to determine that emissions, ambient concentrations, bioaccumulation, or deposition of these substances may not reasonably be anticipated to cause adverse human health or environmental effects.

Special note on EGBE: Although this chemical was removed from the federal HAP list in the November 29, 2004 rule, several of the EPA actions below preceded this removal and still list EGBE as a HAP emitted.

Subpart EEEE—National Emission Standards for Hazardous Air Pollutants: Organic Liquids Distribution (Non-Gasoline) [Added at 69 FR 5038, 02/03/2004] This EPA action promulgated NESHAP for new and existing organic liquids distribution (OLD) (non-gasoline) operations, which are carried out at storage terminals, refineries, crude oil pipeline stations, and various manufacturing facilities. The EPA estimated that approximately 5,900 tons per year (tpy) of HAP are emitted from facilities in this source category. Although a large number of organic HAP are emitted nationwide from these operations, benzene, ethylbenzene, toluene, vinyl chloride, and xylenes are among the most prevalent. The EPA estimated that the final standards would result in the reduction of HAP emissions from major sources with OLD operations by 60 percent.

Subpart FFFF—National Emission Standards for Hazardous Air Pollutants: Miscellaneous Organic Chemical Manufacturing [Added at 68 FR 63852, 11/10/2003] This EPA action promulgated NESHAP for miscellaneous organic chemical manufacturing facilities. The final rule established emission limits and work practice standards for new and existing miscellaneous organic chemical manufacturing process units, wastewater treatment and conveyance systems, transfer operations, and associated ancillary equipment. The HAP emitted from miscellaneous organic chemical manufacturing facilities include toluene, methanol, xylene, hydrogen chloride, and methylene chloride. EPA estimated that the final rule would reduce HAP emissions by 16,800 tpy for existing facilities that manufacture miscellaneous organic chemicals.

Subpart IIII—National Emission Standards for Hazardous Air Pollutants: Surface Coating of Automobiles and Light-Duty Trucks [Added at 69 FR 22602, 04/26/2004] This EPA action promulgated NESHAP for automobile and light-duty truck surface coating operations located at major sources of HAP. According to EPA, the primary HAP emitted by these operations were toluene, xylene, glycol ethers, methyl ethyl ketone (MEK), methyl isobutyl ketone (MIBK), ethylbenzene, and methanol. The final standards are expected to reduce nationwide organic HAP emissions from major sources in this source category by approximately 60 percent.

As noted below, this April 26, 2004 EPA action also amended the Surface Coating of Miscellaneous Metal Parts and Products NESHAP (40 CFR Part 63, Subpart MMMM) and the Surface Coating of Plastic Parts and Products NESHAP (40 CFR Part 63, Subpart PPPP) to clarify the interaction between these rules and Subpart IIII.

Subpart KKKK—National Emission Standards for Hazardous Air Pollutants: Surface Coating of Metal Cans [Added at 68 FR 64432, 11/13/2003] This EPA action promulgated NESHAP for metal can surface coating operations located at major sources of HAP. According to EPA, the HAP emitted by facilities in the metal can surface coating source category included EGBE and other glycol ethers, xylenes, hexane, MIBK, and MEK. The final standards are expected to reduce nationwide HAP emissions from major sources in this source category by approximately 6,800 tpy or 70 percent from the baseline organic HAP emissions of 9,600 tpy.

Subpart MMMM—National Emission Standards for Hazardous Air Pollutants for Surface Coating of Miscellaneous Metal Parts and Products [Added at 69 FR 130, 01/02/2004 and amended at 69 FR 22602, 04/26/2004] This EPA action promulgated NESHAP for miscellaneous metal parts and products surface coating operations located at major sources of HAP. The organic HAP emitted by facilities in the miscellaneous metal parts and products surface coating source category include xylenes, toluene, MEK, phenol, cresols/cresylic acid, glycol ethers (including EGBE), styrene, MIBK, and ethyl benzene. The final standards are expected to reduce nationwide organic HAP emissions from major sources in this source category by approximately 48 percent.

Subpart PPPP—National Emission Standards for Hazardous Air Pollutants for Surface Coating of Plastic Parts and Products [Added at 69 FR 20968, 04/19/2004 and amended at 69 FR 22602, 04/26/2004] This EPA action promulgated NESHAP for plastic parts and products surface coating operations located at major sources of HAP. According to EPA, the organic HAP emitted by facilities in the plastic parts and products surface coating source category included MEK, MIBK, toluene, EGBE and other glycol ethers, and xylenes. The final standards are expected to reduce nationwide organic HAP emissions from major sources in this source category by approximately 80 percent.

Subpart YYYY—National Emission Standards for Hazardous Air Pollutants for Stationary Combustion Turbines [Added at 69 FR 10512, 03/05/2004] This EPA action promulgated NESHAP for stationary combustion turbines. The EPA identified stationary combustion turbines as major sources of HAP emissions such as formaldehyde, toluene, benzene, and acetaldehyde. In the final NESHAP, the EPA divided the stationary combustion turbine category into eight subcategories, including lean premix gas-fired turbines, lean premix oil-fired turbines, diffusion flame gas-fired turbines, diffusion flame oil-fired turbines, emergency turbines, turbines with a rated peak power output of less than 1.0 megawatt, turbines burning landfill or digester gas, and turbines located on the North Slope of Alaska. They also adopted a final emission standard requiring control of formaldehyde emissions for all new or reconstructed stationary combustion turbines in the four lean premix and diffusion flame subcategories. The EPA estimated that 20 percent of the stationary combustion turbines affected by the final rule would be located at major sources. The final

rule would protect public health by reducing exposure to air pollution, by reducing total national HAP emissions by an estimated 98 tpy in the fifth year after the rule is promulgated.

Subpart ZZZZ—National Emission Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines [Added at 69 FR 33474, 06/15/2004] This EPA action promulgated national emission standards for NESHAP for stationary reciprocating internal combustion engines (RICE) with a site-rating of more than 500 brake horsepower. The EPA identified stationary RICE as major sources of HAP emissions such as formaldehyde, acrolein, methanol, and acetaldehyde. The EPA estimated that 40 percent of stationary RICE would be located at major sources and thus, subject to the final rule. The final rule would protect public health by reducing exposure to air pollution by reducing total national HAP emissions by an estimated 5,600 tpy in the fifth year after the rule is promulgated.

Subpart AAAAA—National Emission Standards for Hazardous Air Pollutants for Lime Manufacturing Plants [Added at 69 FR 394, 01/05/2004] This EPA action promulgated NESHAP for the lime manufacturing source category. The lime manufacturing emission units regulated would include lime kilns, lime coolers, and various types of processed stone handling operations. The EPA identified the lime manufacturing industry as a major source of HAP emissions including, but not limited to, hydrogen chloride, antimony, arsenic, beryllium, cadmium, chromium, lead, manganese, mercury, nickel, and selenium. Implementation of the final NESHAP would reduce non-volatile and semi-volatile metal HAP emissions from the lime manufacturing industry source category by approximately 6.5 tpy and would reduce emissions of particulate matter by 5,900 tpy.

Subpart EEEEE—National Emission Standards for Hazardous Air Pollutants for Iron and Steel Foundries [Added at 69 FR 21906, 04/22/2004] This EPA action promulgated NESHAP for iron and steel foundries. The HAP emitted by facilities in the iron and steel foundries source category include metal and organic compounds. For iron and steel foundries that produce low alloy metal castings, metal HAP emitted are primarily lead and manganese with smaller amounts of cadmium, chromium, and nickel. For iron and steel foundries that produce high alloy metal or stainless steel castings, metal HAP emissions of chromium and nickel can be significant. Organic HAP emissions include acetophenone, benzene, cumene, dibenzofurans, dioxins, formaldehyde, methanol, naphthalene, phenol, pyrene, toluene, triethylamine, and xylene. When fully implemented, the final rule would reduce HAP emissions from iron and steel foundries by over 820 tpy.

Subpart GGGGG—National Emission Standards for Hazardous Air Pollutants: Site Remediation [Added at 68 FR 58172, 10/8/2003] This EPA action promulgated NESHAP from site remediations. The final rule implements the CAA Section 112(d) to control HAP emissions at major sources where remediation technologies and practices are used at the site to clean up contaminated environmental media (e.g., soils, groundwaters, or surface waters) or certain stored or disposed materials that pose a reasonable potential threat to contaminate environmental media. The final rule applies to certain types of site remediation activities that are conducted at a facility where non-remediation sources are a major source of HAP emissions. Some site remediations already regulated by rules established under the Comprehensive Environmental Response and Compensation Liability Act or the Resource Conservation and Recovery Act would not be subject to the final rule. The HAP emitted by site remediation activities can include benzene, ethyl benzene, toluene, vinyl chloride, xylenes, and other VOC.

Subpart HHHHH—National Emission Standards for Hazardous Air Pollutants: Miscellaneous Coating Manufacturing [Added at 68 FR 69164, 12/11/2003] This EPA action promulgated NESHAP for miscellaneous coating manufacturing facilities. The final rule established emission limits and work practice requirements for new and existing miscellaneous coating manufacturing operations, including process vessels, storage tanks, wastewater, transfer operations, equipment leaks, and heat exchange systems. According to EPA, the HAP emitted from miscellaneous coating manufacturing facilities included toluene, xylene, glycol ethers, methyl ethyl ketone, and methyl isobutyl ketone. The final rule would reduce HAP emissions by 4,900 tpy for existing facilities that manufacture miscellaneous coatings.

Subpart IIIII—National Emission Standards for Hazardous Air Pollutants: Mercury Emissions From Mercury Cell Chlor-Alkali Plants [Added at 68 FR 70904, 12/19/2003] This EPA action promulgated NESHAP, specifically mercury emissions, from mercury cell chlor-alkali plants. The final rule would limit mercury air emissions from these plants. Mercury cell chlor-alkali plants are a subcategory of the chlorine production source category listed under the authority of Section 112(c)(1) of the CAA. The chlorine production source category was also identified as a source of mercury under Section 112(c)(6) that must be subjected to standards. In addition, mercury cell chlor-alkali plants were listed as an area source category under Section 112(c)(3) and (k)(3)(B) of the CAA. The final rule would reduce mercury emissions by about 3,068 kilograms per year from the levels allowed by the existing Mercury NESHAP. In addition, in this final December 19, 2003 action, pursuant to Section 112(d)(4) of the CAA, EPA chose not to regulate chlorine and hydrochloric acid emissions from the mercury cell chlor-alkali plant subcategory.

Subpart RRRRR—National Emission Standards for Hazardous Air Pollutants: Taconite Iron Ore Processing [Added at 68 FR 61868, 10/30/2003] This EPA action promulgated NESHAP for taconite iron ore processing facilities. The final standards established emission limitations for HAP emitted from new and existing ore crushing and handling operations, ore dryers, indurating furnaces, and finished pellet handling operations. The HAP emitted by taconite iron ore processing facilities include metal compounds (such as manganese, arsenic, lead, nickel, chromium,

and mercury), products of incomplete combustion (including formaldehyde), and the acid gases hydrogen chloride and hydrogen fluoride.

Subpart TTTTT—National Emissions Standards for Hazardous Air Pollutants for Primary Magnesium Refining [Added at 68 FR 58615, 10/10/2003] This EPA action promulgated NESHAP for primary magnesium refining facilities. The EPA identified primary magnesium refining facilities as a major source of HAP emissions. The HAP emitted by facilities in the primary magnesium refining source category include chlorine, hydrochloric acid, dioxin/furan, and trace amounts of several HAP metals.

SUBPARTS SIGNIFICANTLY REVISED: None

Relationship to Other Proposed Rule. It should be noted that this rule proposes to amend R18-2-101 at the same time as another currently pending ADEQ rulemaking related to National Ambient Air Quality Standards (NAAQS). The proposed NAAQS rule was published in the *Arizona Administrative Register* on December 17, 2004, and would add a definition for “PM2.5.” It would also update ADEQ’s incorporation by reference for Appendix 2, which traditionally occurred in this rulemaking. ADEQ expects to have the NAAQS rule considered by the Governor’s Regulatory Review Council at its June 7, 2005 meeting. It would be effective before this rulemaking and affect the numbering in R18-2-101.

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

See the *Federal Register* articles listed in item #5.

7. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

8. The preliminary summary of the economic, small business, and consumer impact:

Rule Identification

NSPS/NESHAP/Acid Rain 2004/VOC: A.A.C. Title 18, Chapter 2, Articles 1, 3, 9 and 11, sections R18-2-101, R18-2-333, R18-2-901, R18-2-1101

Costs

There are no additional costs to the regulated community when a state agency incorporates an already effective federal standard verbatim. The costs of compliance have already occurred, and were considered when the federal regulation was proposed and adopted. These rules impose no additional costs on the regulated community, small businesses, political subdivisions, or members of the public.

Costs to ADEQ are those that may accrue for implementation and enforcement of the standards as state law. Although there will be some small incremental costs due to this rulemaking, ADEQ does not intend to hire any additional employees to implement or enforce these rules.

Benefits

Benefits accrue to the regulated community when a state agency incorporates a federal regulation in order to become the primary implementer of the regulation, because the state agency is closer to those being regulated and, therefore, is generally easier to contact and to work with to resolve differences, compared with the U.S. EPA, whose regional office for Arizona is in San Francisco. Local implementation also reduces travel and communication costs.

Health benefits accrue to the general public whenever enforcement of environmental laws takes place. Adverse health effects from air pollution result in a number of economic and social consequences, including:

1. Medical costs. These include personal out-of-pocket expenses of the affected individual (or family), plus costs paid by insurance or Medicare, for example.
2. Work loss. This includes lost personal income, plus lost productivity whether the individual is compensated for the time or not. For example, some individuals may perceive no income loss because they receive sick pay, but sick pay is a cost of business and reflects lost productivity.
3. Increased costs for chores and caregiving. These include special caregiving and services that are not reflected in medical costs. These costs may occur because some health effects reduce the affected individual’s ability to undertake some or all normal chores, and he or she may require caregiving.
4. Other social and economic costs. These include restrictions on or reduced enjoyment of leisure activities, discomfort or inconvenience, pain and suffering, anxiety about the future, and concern and inconvenience to family members and others.

Notices of Proposed Rulemaking

Conclusion

In conclusion, the incremental costs associated with this rule are generally low, and apply solely to ADEQ, while the air quality benefits are generally high. In addition, there are benefits to industry from being regulated by a geographically nearer government entity. There are no adverse economic impacts on political subdivisions. There are no adverse economic impacts on private businesses, their revenues or expenditures. The fact that no new employment is expected to occur has been discussed above, in the context of the impact on state agencies. There are no adverse economic impacts on small businesses, although some regulatory benefits will accrue to them. There are no economic impacts for consumers; benefits to private persons as members of the general public are discussed above in terms of enforcement. There will be no direct impact on state revenues. There are no other, less costly alternatives for achieving the goals of this rulemaking. The rules are no less stringent and no more stringent than the federal regulations on each subject.

Rule impact reduction on small businesses. A.R.S. § 41-1035 requires ADEQ to reduce the impact of a rule on small businesses by using certain methods when they are legal and feasible in meeting the statutory objectives (see below) for the rulemaking. The five listed methods are:

1. Establish less stringent compliance or reporting requirements in the rule for small businesses.
2. Establish less stringent schedules or deadlines in the rule for compliance or reporting requirements for small businesses.
3. Consolidate or simplify the rule's compliance or reporting requirements for small businesses.
4. Establish performance standards for small businesses to replace design or operational standards in the rule.
5. Exempt small businesses from any or all requirements of the rule.

The statutory objectives which are the basis of the rulemaking. The general statutory objectives that are the basis of this rulemaking are contained in the statutory authority cited in number 2 of this preamble. The specific objectives are as follows:

1. Implement rules necessary for EPA delegation of Clean Air Act § 111 (NSPS) program to Arizona.
2. Implement rules necessary for EPA § 112(1) program delegation to Arizona (NESHAP).
3. Implement rules necessary for acid rain program delegation to ADEQ.

ADEQ has determined that there is a beneficial impact on small businesses in transferring implementation of these rules to ADEQ. In addition, for all of these objectives, ADEQ is required to adopt the federal rules without reducing stringency. ADEQ, therefore, has found that it is not legal or feasible to adopt any of the five listed methods in ways that reduce the impact of these rules on small businesses. Finally, where federal rules impact small businesses, EPA is required by both the Regulatory Flexibility Act and the Small Business Regulatory Enforcement and Fairness Act to make certain adjustments in its own rulemakings. Information related to such may be found in the individual rules described in Section 5.

9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:

Name: David Lillie
Address: ADEQ, Air Quality Planning Section
1110 W. Washington
Phoenix, AZ 85007
Telephone: (602) 771-4461 (Any extension may be reached in-state by dialing 1-800-234-5677 and asking for a specific number.)
Fax: (602) 771-2366
E-mail: Lillie.David@azdeq.gov

10. The time, place, and nature of the proceedings for the making, amendment, or repeal of the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:

Date: August 11, 2005
Time: 2:00 p.m.
Location: Room 145
ADEQ
1110 W. Washington
Phoenix, AZ 85007
Nature: Public Hearing

Close of Comment: August 12, 2005, at 5 p.m.

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

Not applicable

12. Incorporations by reference and their location in the rules:

<u>New incorporations by reference (subparts or larger)</u>	<u>Location</u>
40 CFR 63, subparts C, EEEE, FFFF, IIII, KKKK, MMMM, PPPP, YYYY, ZZZZ, AAAAA, EEEEE, GGGGG, HHHHH, IIII, RRRRR, and TTTTT	R18-2-1101(B)

<u>Incorporations by reference updated to 7/1/04 (may include new sections)</u>	<u>Location</u>
40 CFR 72, 74, 75, and 76	R18-2-333(A)
40 CFR 60, listed subparts and accompanying appendices	R18-2-901
40 CFR 61, listed subparts and accompanying appendices	R18-2-1101(A)
40 CFR 63, listed subparts and accompanying appendices	R18-2-1101(B)

13. The full text of the rules follows:

TITLE 18. ENVIRONMENTAL QUALITY

**CHAPTER 2. DEPARTMENT OF ENVIRONMENTAL QUALITY
AIR POLLUTION CONTROL**

ARTICLE 1. GENERAL

Section
R18-2-101. Definitions

ARTICLE 3. PERMITS AND PERMIT REVISIONS

Section
R18-2-333. Acid Rain

ARTICLE 9. NEW SOURCE PERFORMANCE STANDARDS

Section
R18-2-901. Standards of Performance for New Stationary Sources

ARTICLE 11. FEDERAL HAZARDOUS AIR POLLUTANTS

Section
R18-2-1101. National Emission Standards for Hazardous Air Pollutants (NESHAPs)

ARTICLE 1. GENERAL

R18-2-101. Definitions

In addition to the definitions prescribed in A.R.S. § 49-101, 49-401.01, 49-421, 49-471, and 49-541, in this Chapter, unless otherwise specified:

1. No change

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 - xx. No change
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- 124.No change
- 125.No change
- 126.“Volatile organic compounds (VOC)” means any compound of carbon, excluding carbon monoxide, carbon dioxide, carbonic acid, metallic carbides or carbonates, and ammonium carbonate, that participates in atmospheric photo-chemical reactions. This includes any such organic compound other than the following:
- a. Methane;
 - b. Ethane;
 - c. Methylene chloride (dichloromethane);
 - d. 1,1,1-trichloroethane (methyl chloroform);
 - e. 1,1,2-trichloro-1,2,2-trifluoroethane (CFC-113);
 - f. Trichlorofluoromethane (CFC-11);
 - g. Dichlorodifluoromethane (CFC-12);
 - h. Chlorodifluoromethane (HCFC-22);
 - i. Trifluoromethane (HFC-23);
 - j. 1,2-dichloro 1,1,2,2-tetrafluoroethane (CFC-114);
 - k. Chloropentafluoroethane (CFC-115);
 - l. 1,1,1-trifluoro 2,2-dichloroethane (HCFC-123);
 - m. 1,1,1,2-tetrafluoroethane (HFC-134a);
 - n. 1,1-dichloro 1-fluoroethane (HCFC-141b);
 - o. 1-chloro 1,1-difluoroethane (HCFC-142b);
 - p. 2-chloro-1,1,1,2-tetrafluoroethane (HCFC-124);
 - q. Pentafluoroethane (HFC-125);
 - r. 1,1,2,2-tetrafluoroethane (HFC-134);
 - s. 1,1,1-trifluoroethane (HFC-143a);
 - t. 1,1-difluoroethane (HFC-152a);
 - u. Parachlorobenzotrifluoride (PCBTF);
 - v. Cyclic, branched, or linear completely methylated siloxanes;
 - w. Acetone;
 - x. Perchloroethylene (tetrachloroethylene);
 - y. 3,3-dichloro-1,1,1,2,2-pentafluoropropane (HCFC-225ca);
 - z. 1,3-dichloro-1,1,2,2,3-pentafluoropropane (HCFC-225 cb);
 - aa. 1,1,1,2,3,4,4,5,5,5-decafluoropentane (HFC 43-10mee);
 - bb. Difluoromethane (HFC-32);
 - cc. Ethylfluoride (HFC-161);
 - dd. 1,1,1,3,3,3-hexafluoropropane (HFC-236fa);
 - ee. 1, 1,2,2,3-pentafluoropropane (HFC-245ca);
 - ff. 1,1,2,3,3-pentafluoropropane (HFC-245ea);
 - gg. 1,1,1,2,3-pentafluoropropane (HFC-245eb);
 - hh. 1,1,1,3,3-pentafluoropropane (HFC-245fa);
 - ii. 1,1,1,2,3,3-hexafluoropropane (HFC-236ea);

- jj. 1,1,1,3,3-pentafluorobutane (HFC-365mfc);
- kk. Chlorofluoromethane (HCFC-31);
- ll. 1 chloro-1-fluoroethane (HCFC-151a);
- mm. 1,2-dichloro-1,1,2-trifluoroethane (HCFC-123a);
- nn. 1,1,1,2,2,3,3,4,4-nonafluoro-4-methoxy-butane (C₄F₉OCH₃);
- oo. 2-(difluoromethoxymethyl)-1,1,1,2,3,3,3-heptafluoropropane ((CF₃)₂CFCH₂OCH₃);
- pp. 1-ethoxy-1,1,2,2,3,3,4,4-nonafluorobutane (C₄F₉OCH₂);
- qq. 2-(ethoxydifluoromethyl)-1,1,1,2,3,3,3-heptafluoropropane ((CF₃)₂CFCH₂OC₂H₅);
- rr. Methyl acetate;
- ss. 1,1,1,2,2,3,3-heptafluoro-3-methoxypropane (n-C₃F₇OCH₃, HFE—7000);
- tt. 3-ethoxy-1,1,1,2,3,4,4,5,5,6,6,6-dodecafluoro-2-(trifluoromethyl) hexane (HFE – 7500);
- uu. 1,1,1,2,3,3,3-hentafluoropropane (HFC 227ea); and
- vv. Methyl formate (HCOOCH₃); and
- ss-ww. Perfluorocarbon compounds that fall into these classes:
 - i. Cyclic, branched, or linear, completely fluorinated alkanes.
 - ii. Cyclic, branched, or linear, completely fluorinated ethers with no unsaturations.
 - iii. Cycle, branched, or linear, completely fluorinated tertiary amines with no unsaturations; or
 - iv. Sulfur containing perfluorocarbons with no unsaturations and with sulfur bonds only to carbon and fluorine.
- xx. The following compound is VOC for purposes of all recordkeeping, emissions reporting, photochemical dispersion modeling and inventory requirements which apply to VOC and shall be uniquely identified in emission reports, but are not VOC for purposes of VOC emissions limitations or VOC content requirements: t-butyl acetate.

127.No change

ARTICLE 3. PERMITS AND PERMIT REVISIONS

R18-2-333. Acid Rain

- A. 40 CFR 72, 74, 75 and 76 and all accompanying appendices, adopted as of July 1, ~~2003~~2004, (and no future amendments) are incorporated by reference. These standards are on file with the Department and shall be applied by the Department. These standards can be obtained from the U.S. Government Printing Office, Superintendent of Documents, Mail Stop SSOP, Washington D.C. 20402-9328.
- B. When used in 40 CFR 72, 74, 75 or 76, “Permitting Authority” means the Arizona Department of Environmental Quality and “Administrator” means the Administrator of the United States Environmental Protection Agency.
- C. If the provisions or requirements of the regulations incorporated in this Section conflict with any of the remaining portions of this Title, the regulations incorporated in this Section apply and take precedence.

ARTICLE 9. NEW SOURCE PERFORMANCE STANDARDS

R18-2-901. Standards of Performance for New Stationary Sources

Except as provided in R18-2-902 through R18-2-905, the following subparts of 40 CFR 60, New Source Performance Standards (NSPS), and all accompanying appendices, adopted as of July 1, ~~2003~~2004, and no future editions or amendments, are incorporated by reference. These standards are on file with the Department and shall be applied by the Department. These standards can be obtained from the U.S. Government Printing Office, Superintendent of Documents, Mail Stop SSOP, Washington D.C. 20402-9328.

- 1. Subpart A - General Provisions.
- 2. Subpart D - Standards of Performance for Fossil-Fuel-Fired Steam Generators for Which Construction is Commenced After August 17, 1971.
- 3. Subpart Da - Standards of Performance for Electric Utility Steam Generating Units for Which Construction is Commenced After September 18, 1978.
- 4. Subpart Db - Standards of Performance for Industrial-Commercial-Institutional Steam Generating Units.
- 5. Subpart Dc - Standards of Performance for Small Industrial-Commercial-Institutional Steam Generating Units.
- 6. Subpart E - Standards of Performance for Incinerators.
- 7. Subpart Ea - Standards of Performance for Municipal Waste Combustors for Which Construction is Commenced after December 20, 1989 and on or Before September 20, 1994.
- 8. Subpart Eb - Standards of Performance for Large Municipal Waste Combustors for Which Construction is Commenced after September 20, 1994 or for Which Modification or Reconstruction is Commenced After June 19, 1996.
- 9. Subpart Ec - ~~Standards of Performance for~~ Standards of Performance for Hospital/Medical/Infectious Waste Incinerators for Which Construction is Commenced After June 20, 1996.

10. Subpart F - Standards of Performance for Portland Cement Plants.
11. Subpart G - Standards of Performance for Nitric Acid Plants.
12. Subpart H - Standards of Performance for Sulfuric Acid Plants.
13. Subpart I - Standards of Performance for Hot Mix Asphalt Facilities.
14. Subpart J - Standards of Performance for Petroleum Refineries.
15. Subpart K - Standards of Performance for Storage Vessels for Petroleum Liquids for Which Construction, Reconstruction, or Modification Commenced After June 11, 1973, and Prior to May 19, 1978.
16. Subpart Ka - Standards of Performance for Storage Vessels for Petroleum Liquids for Which Construction, Reconstruction, or Modification Commenced After May 18, 1978, and Prior to July 23, 1984.
17. Subpart Kb - Standards of Performance for Volatile Organic Liquid Storage Vessels (Including Petroleum Liquid Storage Vessels) for Which Construction, Reconstruction, or Modification Commenced after July 23, 1984.
18. Subpart L - Standards of Performance for Secondary Lead Smelters.
19. Subpart M - Standards of Performance for Secondary Brass and Bronze Production Plants.
20. Subpart N - Standards of Performance for Primary Emissions from Basic Oxygen Process Furnaces for Which Construction is Commenced After June 11, 1973.
21. Subpart Na - Standards of Performance for Secondary Emissions from Basic Oxygen Process Steelmaking Facilities for Which Construction is Commenced After January 20, 1983.
22. Subpart O - Standards of Performance for Sewage Treatment Plants.
23. Subpart P - Standards of Performance for Primary Copper Smelters.
24. Subpart Q - Standards of Performance for Primary Zinc Smelters.
25. Subpart R - Standards of Performance for Primary Lead Smelters.
26. Subpart S - Standards of Performance for Primary Aluminum Reduction Plants.
27. Subpart T - Standards of Performance for Phosphate Fertilizer Industry: Wet-Process Phosphoric Acid Plants.
28. Subpart U - Standards of Performance for Phosphate Fertilizer Industry: Superphosphoric Acid Plants.
29. Subpart V - Standards of Performance for Phosphate Fertilizer Industry: Diammonium Phosphate Plants.
30. Subpart W - Standards of Performance for Phosphate Fertilizer Industry: Triple Superphosphate Plants.
31. Subpart X - Standards of Performance for Phosphate Fertilizer Industry: Granular Triple Superphosphate Storage Facilities.
32. Subpart Y - Standards of Performance for Coal Preparation Plants.
33. Subpart Z - Standards of Performance for Ferroalloy Production Facilities.
34. Subpart AA - Standards of Performance for Steel Plants: Electric Arc Furnaces Constructed After October 21, 1974, and On or Before August 17, 1983.
35. Subpart AAa - Standards of Performance for Steel Plants: Electric Arc Furnaces and Argon-Oxygen Decarburization Vessels Constructed After August 7, 1983.
36. Subpart BB - Standards of Performance for Kraft Pulp Mills.
37. Subpart CC - Standards of Performance for Glass Manufacturing Plants.
38. Subpart DD - Standards of Performance for Grain Elevators.
39. Subpart EE - Standards of Performance for Surface Coating of Metal Furniture.
40. Subpart GG - Standards of Performance for Stationary Gas Turbines.
41. Subpart HH - Standards of Performance for Lime Manufacturing Plants.
42. Subpart KK - Standards of Performance for Lead-Acid Battery Manufacturing Plants.
43. Subpart LL - Standards of Performance for Metallic Mineral Processing Plants.
44. Subpart MM - Standards of Performance for Automobile and Light Duty Truck Surface Coating Operations.
45. Subpart NN - Standards of Performance for Phosphate Rock Plants.
46. Subpart PP - Standards of Performance for Ammonium Sulfate Manufacture.
47. Subpart QQ - Standards of Performance for Graphic Arts Industry: Publication Rotogravure Printing.
48. Subpart RR - Standards of Performance for Pressure Sensitive Tape and Label Surface Coating Operations.
49. Subpart SS - Standards of Performance for Industrial Surface Coating: Large Appliances.
50. Subpart TT - Standards of Performance for Metal Coil Surface Coating.
51. Subpart UU - Standards of Performance for Asphalt Processing and Asphalt Roofing Manufacture.
52. Subpart VV - Standards of Performance for Equipment Leaks of VOC in the Synthetic Organic Chemicals Manufacturing Industry.
53. Subpart WW - Standards of Performance for Beverage Can Surface Coating Industry.
54. Subpart XX - Standards of Performance for Bulk Gasoline Terminals.
55. Subpart AAA - Standards of Performance for New Residential Wood Heaters.
56. Subpart BBB - Standards of Performance for Rubber Tire Manufacturing Industry.
57. Subpart DDD - Standards of Performance for Volatile Organic Compound (VOC) Emissions from the Polymer Manufacturing Industry.
58. Subpart FFF - Standards of Performance for Flexible Vinyl and Urethane Coating and Printing.

59. Subpart GGG - Standards of Performance for Equipment Leaks of VOC in Petroleum Refineries.
60. Subpart HHH - Standards of Performance for Synthetic Fiber Production Facilities.
61. Subpart III - Standards of Performance for Volatile Organic Compound (VOC) Emissions from the Synthetic Organic Chemical Manufacturing Industry (SOCMI) Air Oxidation Unit Processes.
62. Subpart JJJ - Standards of Performance for Petroleum Dry Cleaners.
63. Subpart KKK - Standards of Performance for Equipment Leaks of VOC from Onshore Natural Gas Processing Plants.
64. Subpart LLL - Standards of Performance for Onshore Natural Gas Processing; SO₂ Emissions.
65. Subpart NNN - Standards of Performance for Volatile Organic Compound (VOC) Emissions From Synthetic Organic Chemical Manufacturing Industry (SOCMI) Distillation Operations.
66. Subpart OOO - Standards of Performance for Nonmetallic Mineral Processing Plants.
67. Subpart PPP - Standards of Performance for Wool Fiberglass Insulation Manufacturing Plants.
68. Subpart QQQ - Standards of Performance for VOC Emissions From Petroleum Refinery Wastewater Systems.
69. Subpart RRR - Standards of Performance for Volatile Organic Compound Emissions From Synthetic Organic Chemical Manufacturing Industry (SOCMI) Reactor Processes.
70. Subpart SSS - Standards of Performance for Magnetic Tape Coating Facilities.
71. Subpart TTT - Standards of Performance for Industrial Surface Coating: Surface Coating of Plastic Parts for Business Machines.
72. Subpart UUU - Standards of Performance for Calciners and Dryers in Mineral Industries.
73. Subpart VVV - Standards of Performance for Polymeric Coating of Supporting Substrates Facilities.
74. Subpart WWW - Standards of Performance for Municipal Solid Waste Landfills.
75. Subpart AAAA - Standards of Performance for Small Municipal Waste Combustion Units for Which Construction Is Commenced after August 30, 1999, or for Which Modification or Reconstruction Is Commenced after June 6, 2001.
76. Subpart CCCC - Standards of Performance for Commercial and Industrial Solid Waste Incineration Units for Which Construction Is Commenced after November 30, 1999, or for Which Modification or Reconstruction Is Commenced on or after June 1, 2001.

ARTICLE 11. FEDERAL HAZARDOUS AIR POLLUTANTS

R18-2-1101. National Emission Standards for Hazardous Air Pollutants (NESHAPs)

- A. Except as provided in R18-2-1102, the following subparts of 40 CFR 61, National Emission Standards for Hazardous Air Pollutants (NESHAPs), and all accompanying appendices, adopted as of July 1, ~~2002~~2004, and no future editions or amendments, are incorporated by reference. These standards are on file with the Department and shall be applied by the Department. These standards can be obtained from the U.S. Government Printing Office, Superintendent of Documents, Mail Stop SSOP, Washington D.C. 20402-9328.
 1. Subpart A - General Provisions.
 2. Subpart C - Beryllium.
 3. Subpart D - Beryllium Rocket Motor Firing.
 4. Subpart E - Mercury.
 5. Subpart F - Vinyl Chloride.
 6. Subpart J - Equipment Leaks (Fugitive Emission Sources) of Benzene.
 7. Subpart L - Benzene Emissions from Coke By-Product Recovery Plants.
 8. Subpart M - Asbestos.
 9. Subpart N - Inorganic Arsenic Emissions from Glass Manufacturing Plants.
 10. Subpart O - Inorganic Arsenic Emissions from Primary Copper Smelters.
 11. Subpart P - Inorganic Arsenic Emissions from Arsenic Trioxide and Metallic Arsenic Production.
 12. Subpart V - Equipment Leaks (Fugitive Emission Sources).
 13. Subpart Y - Benzene Emissions From Benzene Storage Vessels.
 14. Subpart BB - Benzene Emissions from Benzene Transfer Operations.
 15. Subpart FF - Benzene Waste Operations.
- B. Except as provided in R18-2-1102, the following subparts of 40 CFR 63, NESHAPs for Source Categories, and all accompanying appendices, adopted as of July 1, ~~2003~~2004, or the specific date provided below, and no future editions or amendments, are incorporated by reference. These standards are on file with the Department and shall be applied by the Department. These standards can be obtained from the U.S. Government Printing Office, Superintendent of Documents, Mail Stop SSOP, Washington D.C. 20402-9328.
 1. Subpart A - General Provisions.
 2. Subpart B - Requirements for Control Technology Determinations for Major Sources in Accordance with Clean Air Act Sections, Sections 112(g) and 112(j).
 3. Subpart C - List of Hazardous Air Pollutants, Petitions Process, Lesser Quantity Designations, Source Category List,

includes amendments adopted as of November 29, 2004.

- ~~3-4~~. Subpart D - Regulations Governing Compliance Extensions for Early Reductions of Hazardous Air Pollutants.
- ~~4-5~~. Subpart F - National Emission Standards for Organic Hazardous Air Pollutants from the Synthetic Organic Chemical Manufacturing Industry.
- ~~5-6~~. Subpart G - National Emission Standards for Organic Hazardous Air Pollutants from the Synthetic Organic Chemical Manufacturing Industry for Process Vents, Storage Vessels, Transfer Operations, and Wastewater.
- ~~6-7~~. Subpart H - National Emission Standards for Organic Hazardous Air Pollutants for Equipment Leaks.
- ~~7-8~~. Subpart I - National Emission Standards for Organic Hazardous Air Pollutants for Certain Processes Subject to the Negotiated Regulation for Equipment Leaks.
- ~~8-9~~. Subpart J - National Emission Standards for Hazardous Air Pollutants for Polyvinyl Chloride and Copolymers Production.
- ~~9-10~~. Subpart L - National Emission Standards for Coke Oven Batteries.
- ~~10-11~~. Subpart M - National Perchloroethylene Air Emission Standards for Dry Cleaning Facilities.
- ~~11-12~~. Subpart N - National Emission Standards for Chromium Emissions From Hard and Decorative Chromium Electroplating and Chromium Anodizing Tanks.
- ~~12-13~~. Subpart O - Ethylene Oxide Emissions Standards for Sterilization Facilities.
- ~~13-14~~. Subpart Q - National Emission Standards for Hazardous Air Pollutants for Industrial Process Cooling Towers.
- ~~14-15~~. Subpart R - National Emission Standards for Gasoline Distribution Facilities (Bulk Gasoline Terminals and Pipeline Breakout Stations).
- ~~15-16~~. Subpart S - National Emission Standards for Hazardous Air Pollutants from the Pulp and Paper Industry.
- ~~16-17~~. Subpart T - National Emission Standards for Halogenated Solvent Cleaning.
- ~~17-18~~. Subpart U - National Emission Standards for Hazardous Air Pollutant Emissions: Group I Polymers and Resins.
- ~~18-19~~. Subpart W - National Emission Standards for Hazardous Air Pollutants for Epoxy Resins Production and Non-Nylon Polyamides Production.
- ~~19-20~~. Subpart X - National Emission Standards for Hazardous Air Pollutants from Secondary Lead Smelting.
- ~~20-21~~. Subpart AA - National Emission Standards for Hazardous Air Pollutants From Phosphoric Acid Manufacturing Plants.
- ~~21-22~~. Subpart BB - National Emission Standards for Hazardous Air Pollutants From Phosphate Fertilizers Production Plants.
- ~~22-23~~. Subpart CC - National Emission Standards for Hazardous Air Pollutants from Petroleum Refineries.
- ~~23-24~~. Subpart DD - National Emission Standards for Hazardous Air Pollutants from Off-Site Waste and Recovery Operations.
- ~~24-25~~. Subpart EE - National Emission Standards for Magnetic Tape Manufacturing Operations.
- ~~25-26~~. Subpart GG - National Emission Standards for Aerospace Manufacturing and Rework Facilities.
- ~~26-27~~. Subpart HH - National Emission Standards for Hazardous Air Pollutants From Oil and Natural Gas Production Facilities.
- ~~27-28~~. Subpart JJ - National Emission Standards for Wood Furniture Manufacturing Operations.
- ~~28-29~~. Subpart KK - National Emission Standards for the Printing and Publishing Industry.
- ~~29-30~~. Subpart LL - National Emission Standards for Hazardous Air Pollutants for Primary Aluminum Reduction Plants.
- ~~30-31~~. Subpart MM - National Emission Standards for Hazardous Air Pollutants for Chemical Recovery Combustion Sources at Kraft, Soda, Sulfite, and Stand-Alone Semichemical Pulp Mills.
- ~~31-32~~. Subpart OO - National Emission Standards for Tanks - Level 1.
- ~~32-33~~. Subpart PP - National Emission Standards for Containers.
- ~~33-34~~. Subpart QQ - National Emission Standards for Surface Impoundments.
- ~~34-35~~. Subpart RR - National Emission Standards for Individual Drain Systems.
- ~~35-36~~. Subpart SS - National Emission Standards for Closed Vent Systems, Control Devices, Recovery Devices and Routing to a Fuel Gas System or a Process.
- ~~36-37~~. Subpart TT - National Emission Standards for Equipment Leaks - Control Level 1.
- ~~37-38~~. Subpart UU - National Emission Standards for Equipment Leaks - Control Level 2 Standards.
- ~~38-39~~. Subpart VV - National Emission Standards for Oil-Water Separators and Organic-Water Separators.
- ~~39-40~~. Subpart WW - National Emission Standards for Storage Vessels (Tanks) - Control Level 2.
- ~~40-41~~. Subpart XX - National Emission Standards for Ethylene Manufacturing Process Units: Heat Exchange Systems and Waste Operations
- ~~41-42~~. Subpart YY - National Emission Standards for Hazardous Air Pollutants for Source Categories: Generic Maximum Achievable Control Technology Standards.
- ~~42-43~~. Subpart CCC - National Emission Standards for Hazardous Air Pollutants for Steel Pickling - HCl Process Facilities and Hydrochloric Acid Regeneration Plants.
- ~~43-44~~. Subpart DDD - National Emission Standards for Hazardous Air Pollutants for Mineral Wool Production.
- ~~44-45~~. Subpart EEE - National Emission Standards for Hazardous Air Pollutants From Hazardous Waste Combustors.

Notices of Proposed Rulemaking

- ~~45-46~~.Subpart GGG - National Emission Standards for Pharmaceuticals Production.
- ~~46-47~~.Subpart HHH - National Emission Standards for Hazardous Air Pollutants From Natural Gas Transmission and Storage Facilities.
- ~~47-48~~.Subpart III - National Emission Standards for Hazardous Air Pollutants for Flexible Polyurethane Foam Production.
- ~~48-49~~.Subpart JJJ - National Emission Standards for Hazardous Air Pollutant Emissions: Group IV Polymers and Resins.
- ~~49-50~~.Subpart LLL - National Emission Standards for Hazardous Air Pollutants From the Portland Cement Manufacturing Industry.
- ~~50-51~~.Subpart MMM - National Emission Standards for Hazardous Air Pollutants for Pesticide Active Ingredient Production.
- ~~51-52~~.Subpart NNN - National Emission Standards for Hazardous Air Pollutants for Wool Fiberglass Manufacturing.
- ~~52-53~~.Subpart OOO - National Emission Standards for Hazardous Air Pollutant Emissions: Manufacture of Amino/Phenolic Resins.
- ~~53-54~~.Subpart PPP - National Emission Standards for Hazardous Air Pollutant Emissions for Polyether Polyols Production.
- ~~54-55~~.Subpart QQQ - National Emission Standards for Hazardous Air Pollutants for Primary Copper Smelting.
- ~~55-56~~.Subpart RRR - National Emission Standards for Hazardous Air Pollutants for Secondary Aluminum Production.
- ~~56-57~~.Subpart TTT - National Emission Standards for Hazardous Air Pollutants for Primary Lead Smelting.
- ~~57-58~~.Subpart UUU - National Emission Standards for Hazardous Air Pollutants for Petroleum Refineries: Catalytic Cracking Units, Catalytic Reforming Units, and Sulfur Recovery Units.
- ~~58-59~~.Subpart VVV - National Emission Standards for Hazardous Air Pollutants: Publicly Owned Treatment Works.
- ~~59-60~~.Subpart XXX - National Emission Standards for Hazardous Air Pollutants for Ferrous Alloys Production: Ferromanganese and Silicomanganese.
- ~~60-61~~.Subpart AAAA - National Emission Standards for Hazardous Air Pollutants: Municipal Solid Waste Landfills.
- ~~61-62~~.Subpart CCCC - National Emission Standards for Hazardous Air Pollutants: Manufacture of Nutritional Yeast.
63. Subpart EEEE—National Emission Standards for Hazardous Air Pollutants: Organic Liquids Distribution (Non-Gasoline).
64. Subpart FFFF—National Emission Standards for Hazardous Air Pollutants: Miscellaneous Organic Chemical Manufacturing.
- ~~62-65~~.Subpart GGGG - National Emission Standards for Hazardous Air Pollutants: Solvent Extraction for Vegetable Oil Production.
- ~~63-66~~.Subpart HHHH—National Emissions Standards for Hazardous Air Pollutants for Wet-Formed Fiberglass Mat Production.
67. Subpart IIII—National Emission Standards for Hazardous Air Pollutants: Surface Coating of Automobiles and Light-Duty Trucks.
- ~~64-68~~.Subpart JJJJ - National Emission Standards for Hazardous Air Pollutants: Paper and Other Web Coating.
69. Subpart KKKK—National Emission Standards for Hazardous Air Pollutants: Surface Coating of Metal Cans.
70. Subpart MMMM—National Emission Standards for Hazardous Air Pollutants for Surface Coating of Miscellaneous Metal Parts and Products.
- ~~65-71~~.Subpart NNNN - National Emission Standards for Hazardous Air Pollutants: Surface Coating of Large Appliances.
- ~~66-72~~.Subpart OOOO - National Emission Standards for Hazardous Air Pollutants: Printing, Coating, and Dyeing of Fabrics and Other Textiles.
73. Subpart PPPP—National Emission Standards for Hazardous Air Pollutants for Surface Coating of Plastic Parts and Products.
- ~~67-74~~.Subpart QQQQ - National Emission Standards for Hazardous Air Pollutants: Surface Coating of Wood Building Products.
- ~~68-75~~.Subpart RRRR - National Emission Standards for Hazardous Air Pollutants: Surface Coating of Metal Furniture.
- ~~69-76~~.Subpart SSSS—National Emission Standards for Hazardous Air Pollutants: Surface Coating of Metal Coil.
- ~~70-77~~.Subpart TTTT—National Emission Standards for Hazardous Air Pollutants for Leather Finishing Operations.
- ~~71-78~~.Subpart UUUU—National Emission Standards for Hazardous Air Pollutants for Cellulose Products Manufacturing.
- ~~72-79~~.Subpart VVVV—National Emission Standards for Hazardous Air Pollutants for Boat Manufacturing.
- ~~73-80~~.Subpart WWWW - National Emissions Standards for Hazardous Air Pollutants: Reinforced Plastic Composites Production.
- ~~74-81~~.Subpart XXXX - National Emission Standards for Hazardous Air Pollutants: Rubber Tire Manufacturing.
82. Subpart YYYY—National Emission Standards for Hazardous Air Pollutants for Stationary Combustion Turbines.
83. Subpart ZZZZ—National Emission Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines.
84. Subpart AAAAA—National Emission Standards for Hazardous Air Pollutants for Lime Manufacturing Plants
- ~~75-85~~.Subpart BBBB - National Emission Standards for Hazardous Air Pollutants for Semiconductor Manufacturing.
- ~~76-86~~.Subpart CCCC - National Emission Standards for Hazardous Air Pollutants for Coke Ovens: Pushing, Quenching,

- and Battery Stacks.
- ~~87.~~ Subpart EEEEE—National Emission Standards for Hazardous Air Pollutants for Iron and Steel Foundries.
- ~~77-88.~~ Subpart FFFFF - National Emission Standards for Hazardous Air Pollutants: Integrated Iron and Steel Manufacturing.
- ~~89.~~ Subpart GGGGG—National Emission Standards for Hazardous Air Pollutants: Site Remediation.
- ~~90.~~ Subpart HHHHH—National Emission Standards for Hazardous Air Pollutants: Miscellaneous Coating Manufacturing.
- ~~91.~~ Subpart IIIII—National Emission Standards for Hazardous Air Pollutants: Mercury Emissions From Mercury Cell Chlor-Alkali Plants.
- ~~78-92.~~ Subpart JJJJJ - National Emission Standards for Hazardous Air Pollutants for Brick and Structural Clay Products Manufacturing.
- ~~79-93.~~ Subpart KKKKK - National Emission Standards for Hazardous Air Pollutants for Clay Ceramics Manufacturing.
- ~~80-94.~~ Subpart LLLLL - National Emission Standards for Hazardous Air Pollutants: Asphalt Processing and Asphalt Roofing Manufacturing.
- ~~84-95.~~ Subpart MMMMM - National Emission Standards for Hazardous Air Pollutants: Flexible Polyurethane Foam Fabrication Operations.
- ~~82-96.~~ Subpart NNNNN - National Emission Standards for Hazardous Air Pollutants: Hydrochloric Acid Production.
- ~~83-97.~~ Subpart PPPPP - National Emission Standards for Hazardous Air Pollutants: Engine Test Cells/Stands.
- ~~84-98.~~ Subpart QQQQQ - National Emission Standards for Hazardous Air Pollutants for Friction Materials Manufacturing Facilities.
- ~~99.~~ Subpart RRRRR—National Emission Standards for Hazardous Air Pollutants: Taconite Iron Ore Processing.
- ~~85-100.~~ Subpart SSSSS - National Emission Standards for Hazardous Air Pollutants for Refractory Products Manufacturing.
- ~~101.~~ Subpart TTTTT—National Emissions Standards for Hazardous Air Pollutants for Primary Magnesium Refining.

NOTICE OF PROPOSED RULEMAKING

TITLE 18. ENVIRONMENTAL QUALITY

**CHAPTER 8. DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE MANAGEMENT**

[R05-229]

PREAMBLE

1. Sections Affected

	<u>Rulemaking Action</u>
R18-8-260	Amend
R18-8-261	Amend
R18-8-262	Amend
R18-8-263	Amend
R18-8-264	Amend
R18-8-265	Amend
R18-8-266	Amend
R18-8-268	Amend
R18-8-270	Amend
R18-8-271	Amend

2. The statutory authority for the rulemaking, including both the authorizing statutes (general) and the statutes the rules are implementing (specific):

Authorizing statutes: A.R.S. §§ 41-1003 and 49-104
Implementing statute: A.R.S. § 49-922

3. A list of all previous notices appearing in the Register addressing the proposed rule:

Notice of Rulemaking Docket Opening: 11 A.A.R. 869, February 25, 2005

Notices of Proposed Rulemaking

4. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:

Name: Denise L. McConaghy, Senior Enforcement Officer
Address: Arizona Department of Environmental Quality
Office of Administrative Counsel
1110 W. Washington
Phoenix, AZ 85007
Telephone: (602) 771-4110 or (800) 234-5677, enter 771-4110 (Arizona only)
Fax: (602) 771-2251
TTD: (602) 771-4829
E-mail: mcconaghy.denise@azdeq.gov

5. An explanation of the rule, including the agency's reasons for initiating the rule:

Summary

The Department of Environmental Quality (DEQ) is amending the state's hazardous waste rules to incorporate the new text in the federal regulations implementing Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended by the Hazardous and Solid Waste Amendments of 1984 (HSWA). This rulemaking will fulfill the United States Environmental Protection Agency's (EPA's) reauthorization requirement that states implementing the hazardous waste management program incorporate amendments promulgated in the federal regulations through adoption of those changes into the state rules. This rulemaking also complies with A.R.S. § 49-922, which requires DEQ to adopt rules implementing a program that is equivalent to and consistent with federal hazardous waste regulations. Arizona's hazardous waste rules are largely identical to the federal regulations authorized by RCRA, as amended by HSWA, because the rules have incorporated the federal regulations by reference. Arizona's hazardous waste rules, found in 18 A.A.C. 8, Article 2, are well established and have been effective since 1984. The amendments in this rulemaking adopt changes to the federal regulations promulgated between July 1, 2002, and June 30, 2004, with the exception of the adoption of corrections to one of these regulation changes, which corrections were promulgated on October 25, 2004.

Explanation of the rules

The EPA has delegated to DEQ implementation of the hazardous waste management program in Arizona. The sections in Article 2 (the Arizona regulations) are reviewed and amended regularly to incorporate the new text from the applicable federal regulations. These rule reviews and amendments are made in order to fulfill EPA's reauthorization requirement: that states implementing the hazardous waste management program incorporate amendments promulgated in the federal regulations through adoption of those changes into state rules. The EPA requires that Arizona be periodically reauthorized to manage the federal hazardous waste program. Without this reauthorization, the EPA, rather than DEQ, would administer the hazardous waste program in Arizona. DEQ first received authorization to implement the RCRA program in 1985. DEQ seeks to continue administering Arizona's hazardous waste program, and thus complies with the federal requirements for reauthorization; this includes adopting changes to the state rules that reflect the recent amendments to federal RCRA regulations. This rulemaking incorporates federal amendments promulgated as of June 30, 2004, and corrections to one of these federal amendments, which corrections were promulgated on October 25, 2004.

The federal regulations are found in the Code of Federal Regulations (CFR) at 40 CFR 260 through 273. Currently, subsection (A) of sections R18-8-261, 262, 264, 265, 266, 268, and 270 incorporate by reference the federal regulations published at 40 CFR 261, 262, 264, 265, 266, 268, and 270 as of July 1, 2002. This rulemaking replaces July 1, 2002, with July 1, 2004, in the incorporations by reference for subsection (A) of sections R18-8-261, 262, 264, 265, 266, 268, and 270 with the exception of subsection 40 CFR 262.34 (j), which is incorporated by reference as of October 25, 2004.

EPA has promulgated changes to the RCRA regulations since Arizona incorporated the July 1, 2001, and July 1, 2002, amendments. These subsequent changes were published in the *Federal Register*. DEQ staff relied on the *Federal Register* notices for descriptions of the amendments and for EPA's assessment of the economic impacts of the changes.

In addition to incorporating the federal regulations, on occasion the Arizona rules tailor the new text of the federal regulations, when necessary, to conform the language to Arizona's rules for administering the hazardous waste program. DEQ does not intend the changes to the incorporated text, when made, to substantively change the federal regulations. For example, the federal regulations refer to the EPA as the implementing agency, but because Arizona is authorized to administer its hazardous waste program, most references to the implementing agency as "EPA" are replaced with "DEQ." Such tailoring for Arizona purposes was not needed for this particular rulemaking, however.

DEQ believes this rulemaking will benefit the public. Most of the federal regulations incorporated by reference in this rulemaking are required for reauthorization. Adoption of federal regulations will also benefit the regulated community, in particular, by promoting regulatory uniformity among states.

Description of the *Federal Register* notices that made changes to the incorporated federal regulations between July 1, 2002, and June 30, 2004; and on October 25, 2004:

67 FR 48393-48415 – Zinc Fertilizers Made from Recycled Hazardous Secondary Materials

EPA issued a final rule that established a more consistent regulatory framework for the practice of making zinc fertilizer products from recycled hazardous secondary materials and established conditions for excluding hazardous secondary materials used to make zinc fertilizers from the regulatory definition of solid waste. This revision also established new product specifications for contaminants in zinc fertilizers made from those secondary materials. It did not seek to address any other aspect of contaminants in fertilizers. In summary, this revision: removed the exemption from land disposal restrictions (LDR) treatment standards for zinc fertilizers made from electric arc furnace dust (K061); established a conditional exclusion from the RCRA regulatory definition of solid waste for secondary materials that are legitimately recycled to make zinc micronutrient fertilizers; and established conditions (chiefly concentration limits for certain heavy metals and dioxins) under which zinc fertilizers produced from hazardous secondary materials are not classified as solid wastes, and hence not subject to RCRA subtitle C regulation.

67 FR 62618-62625 – Land Disposal Restrictions: National Treatment Variance to Designate New Treatment Subcategories for Radioactively Contaminated Cadmium-, Mercury-, and Silver-Containing Batteries

This revision granted a national treatability variance from the LDR treatment standards for radioactively contaminated cadmium-, mercury-, and silver-containing batteries by designating new treatment subcategories for these wastes in response to a rulemaking petition from the Department of Energy. EPA determined that the treatment standards of thermal recovery for cadmium batteries and of roasting and retorting for mercury batteries were technically inappropriate because any recovered metals would likely contain residual radioactive contamination and not be usable. The numerical treatment standard for silver batteries was also deemed inappropriate because of the potential increase in radiation exposure to workers associated with manually segregating silver-containing batteries for the purpose of treatment. Macroencapsulation in accordance with the provisions for treatment standards for hazardous debris was designated as the required treatment prior to land disposal for the new waste subcategories. This will allow safe disposal of these radioactively contaminated materials.

67 FR 77687-77692 – NESHAP: Standards for Hazardous Air Pollutants for Hazardous Waste Combustors-Corrections

On September 30, 1999, EPA promulgated regulations to control emissions of hazardous air pollutants from incinerators, cement kilns, and lightweight aggregate kilns that burn hazardous wastes. EPA subsequently promulgated three rules that revised these regulations: a Direct Final Rule published on July 3, 2001, an Interim Standards Rule published on February 13, 2002, and a Final Amendments Rule published on February 24, 2002. In this revision EPA corrected technical errors in those regulations.

The corrections included a clarification on when a Notification of Compliance must be submitted for a source that conducts performance testing before the compliance date.

Other corrections were made to conform the regulations to address the original intent of the subject rule as expressed in the applicable preamble. For example, when amending compliance date extension requirements, EPA did not make a conforming change to 40 CFR § 270.19(e) to address changes to those requirements. This action revised 40 CFR § 270.19(e) to reflect the intended changes.

69 FR 21737-21754 – National Environmental Performance Track Program

This revision amended 40 CFR 262.34 to allow large quantity hazardous waste generators who are members of EPA's National Performance Track Program up to 180 days, and in certain cases 270 days, to accumulate their hazardous waste without a RCRA permit or interim status, provided that these generators meet certain conditions. It also provided simplified reporting requirements for facilities that are members of Performance Track and governed by Maximum Available Control Technology (MACT) of the Clean Air Act. EPA intended the changes to provide regulatory relief and they do not impose new regulatory requirements. These provisions are intended to serve as incentives for facilities to join the Performance Track Program.

69 FR 62217-62224 – National Performance Track Program; Corrections

This revision corrected language errors in the preamble of the original rule, and reinserted regulatory language that was included in the proposed rule but was inadvertently omitted in the final rule for 40 CFR §§ 262.34(j)(3)(i), 262.34(j)(3)(ii), and 262.34(j)(7).

69 FR 22602-22661 – National Emission Standards for Hazardous Air Pollutants: Surface Coating of Automobiles and Light Duty Trucks

This revision promulgated national emission standards for hazardous air pollutants (NESHAP) for automobile and light-duty truck surface coating operations at major sources of hazardous air pollutants (HAP). It amended RCRA Air Emission Standards for Equipment Leaks at 40 CFR parts 264 and 265, subpart BB, for owners and operators of hazardous waste treatment, storage, and disposal facilities (TSDFs) to exempt air emissions from certain activities covered by the final national emission standards for hazardous air pollutants (NESHAP).

Notices of Proposed Rulemaking

Generally, subpart BB of 40 CFR part 264 applies to equipment that contains or contacts RCRA hazardous waste with organic concentrations of at least 10 percent by weight. Subpart BB was designed to minimize air emissions from leaks from equipment such as pumps, valves, flanges and connections. To avoid duplication between subpart BB and the final NESHAP, EPA exempts equipment from subpart BB if it is subject to the Surface Coating of Automobiles and Light-Duty Trucks NESHAP.

Department-initiated changes

Each section of the rules provides a web page address for the Government Printing Office, where a reader can obtain a copy of the part of the Code of Federal Regulations that is referenced. That web page address has changed. Therefore, DEQ is amending some of the sections solely to correct the Web page address, as well as correcting the Web page address in sections where other amendments are made.

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

- a. 67 FR 48393-48415 – Zinc Fertilizers Made from Recycled Hazardous Secondary Materials; July 24, 2002
- b. 67 FR 62618-62625 – Land Disposal Restrictions: National Treatment Variance to Designate New Treatment Subcategories for Radioactively Contaminated Cadmium-, Mercury-, and Silver-Containing Batteries; October 7, 2002
- c. 67 FR 77687-77692 – NESHAP: Standards for Hazardous Air Pollutants for Hazardous Waste Combustors – Corrections; December 19, 2002
- d. 69 FR 21737-21754 – National Environmental Performance Track Program; April 22, 2004
- e. 69 FR 62217-62224 – National Performance Track Program; Corrections; October 25, 2004
- f. 69 FR 22602-22661 – National Emission Standards for Hazardous Air Pollutants: Surface Coating of Automobiles and Light Duty Trucks; April 26, 2004

DEQ relied on the *Federal Register* notices for notice of the federal regulatory changes to be incorporated into the state's rules and to develop the economic impact statement. The public may view these notices online at <http://www.gpoaccess.gov/fr/index.html>, or by visiting DEQ's offices.

7. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

8. The preliminary summary of the economic, small business, and consumer impact:

Identification of the proposed rulemaking

This rulemaking incorporates into Arizona hazardous waste rules changes in the federal hazardous waste regulations promulgated as of July 1, 2004, and (for one amendment correction) October 25, 2004. It accomplishes this by amending rules codified in Arizona Administrative Code Title 18, Chapter 8, Article 2, to replace July 1, 2002, with July 1, 2004, and adds October 25, 2004 (for 40 CFR 262.34(j)), in the incorporations by reference, in compliance with A.R.S. § 49-922.

DEQ believes this rulemaking will benefit the state. Most of the federal regulations incorporated by reference in this rulemaking are required for reauthorization. Adoption of federal regulations also benefits stakeholders, in particular, by promoting regulatory uniformity between states.

Limitations of the data

Adequate data are not reasonably available to comply with the requirements of A.R.S. § 41-1055(B). The following discussion is offered pursuant to A.R.S. § 41-1055(C). DEQ is unable to estimate the number of facilities impacted by some of the changes made in the incorporated federal regulations. Two databases contain information on regulated facilities and entities: the Arizona Unified Repository for Informational Tracking of the Environment (AZURITE) and the Revenue Management System (RMS). These databases are not set up to track certain information, and updates do not always keep pace with all data needs. In this instance, DEQ could not determine the numbers of the following impacted entities:

- a. Entities that are also state agencies;
- b. Entities that are also subdivisions of the state;
- c. Entities that are also small businesses.

Methods used to obtain data

DEQ used the AZURITE and RMS databases whenever possible to find the number of entities affected by the changes. DEQ then filled data gaps by using the knowledge of experienced DEQ staff. Some of the rule changes have no significant economic impact in Arizona. An explanation of why there is no impact is provided for these changes. For other incorporated changes, none of the impacted entities exist in Arizona, and thus, there was no economic impact ($X \text{ times } Y = 0$, where $X = 0$ entities and $Y =$ the cost to each entity).

Executive Order 12866 (58 FR 51735, October 4, 1993), requires the EPA to determine whether regulatory actions are significant. Only significant actions are subject to federal Office of Management and Budget review. A “significant regulatory action” is one that may:

- (1) Have an annual effect on the national economy of \$100 million or more, or adversely and materially affect a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or state, local, or tribal governments or communities;
- (2) Create a serious inconsistency or otherwise interfere with an action taken or planned by another agency;
- (3) Materially alter the budgetary impact of entitlements, grants, user fees, loan programs, or the rights and obligation of recipients thereof; or
- (4) Raise novel legal or policy issues arising out of legal mandates, the President’s priorities, or through principles set out in Executive Order 12866.

The costs and benefits of incorporating updated federal regulations include the costs of all the changes made to the federal regulations between July 1, 2002, and June 30, 2004, and for the October 25, 2004, amendment correction. These amendments were published in the *Federal Register*, and when the amendments constituted “significant regulatory actions,” economic impact information was included in the publication. A list of all *Federal Register* publications used to develop the economic impact statement for the rulemaking is stated earlier in this document.

The EPA determined that four of the six amendments to the federal regulations described below were not “significant regulatory actions.” For those amendments to the federal regulations that impact Arizona entities, a summary of the economic information in each *Federal Register* notice follows.

Data sources

DEQ staff relied on the *Federal Register* notices to develop this economic impact statement. The public may view these notices online at <http://www.gpoaccess.gov/fr/index.html>, or by visiting DEQ’s offices. Each study references its underlying data.

Summaries of economic information in the *Federal Register* notices

67 FR 48393-48415 established a more consistent regulatory framework for the practice of making zinc fertilizer products from recycled hazardous secondary materials.

Persons directly affected by this amendment:

This revision potentially affects 3 to 4 zinc micronutrient producers, one zinc producer, one steel mill, and 23 brass fume dust generators and some intermediate handlers (e.g., brokers) who manage hazardous secondary materials. EPA determined that this rule was a significant regulatory action. However, the economic analysis suggests that this rule was not economically significant. EPA estimated the total annual cost savings from this rule to be \$2.14 million for all facilities. There are currently no affected entities in Arizona.

67 FR 62618-62625 granted a national treatability variance from the LDR treatment standards for radioactively contaminated cadmium-, mercury-, and silver-containing batteries by designating new treatment subcategories for these wastes.

Persons affected by this amendment:

Entities potentially regulated by this action are those that generate, treat, and dispose radioactive batteries. Regulated categories and entities likely to be regulated include Department of Energy facilities, nuclear waste generators and treatment and disposal facilities. Few of these types of facilities operate in Arizona. This revision offers a different and safer technical approach, macroencapsulation, in lieu of the current technical approaches of recovery and stabilization. It minimizes worker exposure to radioactivity and the potential for release, which DEQ encourages. It is expected to have no significant adverse economic impact on regulated entities, small businesses, state agencies and subdivisions, or consumers.

67 FR 77687-77692 revised 40 CFR Part 63 and 270 to correct several technical errors made in the NESHAP final rule so that it is easier to understand and implement. Because these corrections and clarifications did not create new requirements, there is no economic impact from this notice.

69 FR 21737-21754 revised 40 CFR 262.34 to allow large quantity hazardous waste generators who are members of EPA’s National Performance Track Program up to 180 days, and in certain cases 270 days, to accumulate their hazardous waste without a RCRA permit or interim status, provided that these generators meet certain conditions. EPA intended the changes to provide regulatory relief and they do not impose new regulatory requirements.

Persons affected by this amendment:

Categories and entities potentially regulated by this revision include all entities regulated by EPA, pursuant to its authority under the various environmental statutes, who voluntarily decide to join the Performance Track Program. Thus, potential respondents may fall under any North American Industry Classification System (NAICS) Code. This rulemaking will result in cost savings to entities, including any small entities, who are members of the Performance

Notices of Proposed Rulemaking

Track Program. Participation by facilities in Performance Track is voluntary, and so is participation by state or local government agencies. There are no significant or unique effects on state, local, or tribal governments, however there may be some minor effects incurred by these entities. EPA has projected these costs to be very low.

69 FR 62217-62224 amended 40 CFR 262 to correct the inconsistency between the preamble and regulatory language, and to correct the inadvertently omitted applicable regulatory provisions. Because these corrections did not create new requirements, there is no economic impact from this notice.

69 FR 22602-22661 revised RCRA air emission standards, found in 40 CFR § 264 and 265, for owners and operators of TSDFs to exempt air emissions from certain activities that are covered by the final NESHAP rule. Other changes implemented by this revision, including requiring operations to meet HAP emission standards reflecting the application of MACT, are outside the scope of the RCRA program.

Persons affected by this amendment:

Categories and entities potentially regulated by this revision are listed by the NAICS codes 336111, 336112, and 336113. It includes automobile and light truck assembly plants, and producers of automobile and light-duty truck bodies. EPA determined that this revision was a significant regulatory action. However, there are currently no affected entities in Arizona.

Probable effect of the rule on state revenues:

DEQ is not imposing any new or additional fees through this rulemaking; hence, there are no expected economic impacts on state revenues.

9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:

Name: Denise L. McConaghy, Senior Enforcement Officer
Address: Arizona Department of Environmental Quality
Office of Administrative Counsel
1110 W. Washington
Phoenix, AZ 85007
Telephone: (602) 771-4110 or (800) 234-5677, enter 771-4110 (Arizona only)
Fax: (602) 771-2251
TTD: (602) 771-4829
E-mail: mcconaghy.denise@azdeq.gov

10. The time, place, and nature of the proceedings for the making, amendment, or repeal of the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:

Date: August 9, 2005
Time: 1:30 p.m.
Location: Arizona Department of Environmental Quality
1110 W. Washington, Suite 145
Phoenix, AZ 85007
Nature: Public hearing on the proposed rules, with opportunity for formal comments on the record. Please call (602) 771-4795 for special accommodations pursuant to the Americans with Disabilities Act.

The close of the written comment period will be at 5:00 p.m., August 12, 2005. Submit comments to the individual identified in item #4.

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

Not applicable

12. Incorporations by reference and their location in the rules:

<u>Federal Citation</u>	<u>State Citation</u>
40 CFR 261	R18-8-261(A)
40 CFR 262	R18-8-262(A)
40 CFR 264	R18-8-264(A)
40 CFR 265	R18-8-265(A)
40 CFR 266	R18-8-266(A)

40 CFR 268

R18-8-268(A)

40 CFR 270

R18-8-270(A)

13. The full text of the rules follows:

TITLE 18. ENVIRONMENTAL QUALITY

**CHAPTER 8. DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE MANAGEMENT**

ARTICLE 2. HAZARDOUS WASTES

Section

- R18-8-260. Hazardous Waste Management System: General
- R18-8-261. Identification and Listing of Hazardous Waste
- R18-8-262. Standards Applicable to Generators of Hazardous Waste
- R18-8-263. Standards Applicable to Transporters of Hazardous Waste
- R18-8-264. Standards for Owners and Operators of Hazardous Waste Treatment, Storage, and Disposal Facilities
- R18-8-265. Interim Status Standards for Owners and Operators of Hazardous Waste Treatment, Storage, and Disposal Facilities
- R18-8-266. Standards for the Management of Specific Hazardous Wastes and Specific Hazardous Waste Management Facilities
- R18-8-268. Land Disposal Restrictions
- R18-8-270. Hazardous Waste Permit Program
- R18-8-271. Procedures for Permit Administration

ARTICLE 2. HAZARDOUS WASTES

R18-8-260. Hazardous Waste Management System: General

- A. No change
- B. No change
- C. All of 40 CFR 260 and the accompanying appendix, revised as of July 1, 2002 (and no future editions), with the exception of 40 CFR 260.1(b)(4) through (6), 260.20(a), 260.21, 260.22, 260.30, 260.31, 260.32, and 260.33, is incorporated by reference and modified by the following subsections and are on file with the Department of Environmental Quality (DEQ). Copies of 40 CFR 260 are available at www.access.gpo.gov/cgi-bin/cfr/asmble.cgi gpoaccess.gov/cfr/index.html.
- D. No change
 - 1. No change
 - 2. No change
 - a. No change
 - i. No change
 - ii. No change
 - b. No change
 - i. No change
 - ii. No change
 - iii. No change
 - iv. No change
 - c. No change
 - i. No change
 - ii. No change
 - iii. No change
 - d. No change
 - i. No change
 - ii. No change
 - iii. No change
 - e. No change
 - i. No change
 - (1) No change
 - (2) No change
 - ii. No change
 - (1) No change

Notices of Proposed Rulemaking

- (2) No change
- iii. No change
 - (1) No change
 - (2) No change
 - (3) No change
 - (4) No change
- f. No change
 - i. No change
 - ii. No change
 - iii. No change
 - iv. No change
 - v. No change

E. No change

- 1. No change
- 2. No change
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- 13. No change
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- 16. No change
- 17. No change
- 18. No change
- 19. No change
- 20. No change
- 21. No change
- 22. No change
 - a. No change
 - b. No change
- 23. No change
- 24. No change
- 25. No change
- 26. No change
- 27. No change
- 28. No change
- 29. No changes
- 30. No change
- 31. No change
- 32. No change

F. No change

- 1. No change
- 2. No change

- 3. No change
 - a. No change
 - b. No change
 - c. No change
- 4. No change
- 5. No change
- 6. No change
 - a. No change
 - b. No change
- G. No change
- H. No change
- I. No change
- J. No change
- K. No change
- L. No change
- M. No change
 - 1. No change
 - 2. No change
 - 3. No change
- N. No change

R18-8-261. Identification and Listing of Hazardous Waste

- A. All of 40 CFR 261 and accompanying appendices, revised as of July 1, ~~2002~~ 2004 (and no future editions), are incorporated by reference and modified by the following subsections, and are on file with the DEQ. Copies of 40 CFR 261 are available at www.access.gpo.gov/cgi-bin/cfrassemble.cgi gpoaccess.gov/cfr/index.html.
- B. No change
- C. No change
- D. No change
- E. No change
- F. No change
- G. No change
- H. No change
- I. No change
- J. No change
- K. No change

R18-8-262. Standards Applicable to Generators of Hazardous Waste

- A. All of 40 CFR 262 and the accompanying appendix, ~~as amended~~ revised as of July 1, ~~2000~~ 2004, (and no future editions), with the exception of subsection 40 CFR 262.34(j), which is incorporated by reference as of October 25, 2004, are incorporated by reference and modified by the following subsections, and are on file with the DEQ ~~and the Office of the Secretary of State~~. Copies of 40 CFR 262 are available at www.gpoaccess.gov/cfr/index.html.
- B. No change
 - 1. No change
 - 2. No change
 - 3. No change
- C. No change
- D. No change
- E. No change
- F. No change
- G. No change
- H. No change
- I. No change
 - 1. No change
 - 2. No change
- J. No change
- K. No change
- L. No change
- M. No change

R18-8-263. Standards Applicable to Transporters of Hazardous Waste

- A. All of 40 CFR 263, revised as of July 1, 1999 (and no future editions), is incorporated by reference and modified by the following subsections of R18-8-263, and on file with the DEQ. Copies of 40 CFR 263 are available at www.access.gpo.gov/cgi-bin/cfrassemble.cgi gpoaccess.gov/cfr/index.html.
- B. No change
- C. No change
- D. No change
- E. No change

R18-8-264. Standards for Owners and Operators of Hazardous Waste Treatment, Storage, and Disposal Facilities

- A. All of 40 CFR 264 and accompanying appendices, revised as of July 1, ~~2002~~ 2004 (and no future editions), with the exception of §§ 264.1(d) and (f), 264.149, 264.150, and 264.301(l), are incorporated by reference and modified by the following subsections, and are on file with the DEQ. Copies of 40 CFR 264 are available at www.access.gpo.gov/cgi-bin/cfrassemble.cgi gpoaccess.gov/cfr/index.html.
- B. No change
- C. No change
- D. No change
 - 1. No change
 - 2. No change
- E. No change
- F. No change
- G. No change
- H. No change
- I. No change
 - 1. No change
 - 2. No change
- J. No change
- K. No change
- L. No change
- M. No change
- N. No change
- O. No change
 - 1. No change
 - 2. No change
 - 3. No change
 - 4. No change
 - 5. No change
 - 6. No change

R18-8-265. Interim Status Standards for Owners and Operators of Hazardous Waste Treatment, Storage, and Disposal Facilities

- A. All of 40 CFR 265 and accompanying appendices, revised as of July 1, ~~2002~~ 2004 (and no future editions), with the exception of §§ 265.1(c)(2), 265.1(c)(4), 265.149, 265.150, and 265.430, are incorporated by reference and modified by the following subsections, and are on file with the DEQ. Copies of 40 CFR 265 are available at www.access.gpo.gov/cgi-bin/cfrassemble.cgi gpoaccess.gov/cfr/index.html.
- B. No change
- C. No change
- D. No change
 - 1. No change
 - 2. No change
- E. No change
- F. No change
- G. No change
- H. No change
- I. No change
- J. No change
- K. No change
- L. No change
- M. No change

1. No change
2. No change
3. No change

R18-8-266. Standards for the Management of Specific Hazardous Wastes and Specific Hazardous Waste Management Facilities

- A. All of 40 CFR 266 and accompanying appendices, revised as of July 1, ~~2002~~ 2004 (and no future editions), are incorporated by reference and modified by the following subsections and are on file with the DEQ. Copies of 40 CFR 266 are available at www.access.gpo.gov/cgi-bin/efrassemble.cgi_gpoaccess.gov/cfr/index.html.
- B. No change

R18-8-268. Land Disposal Restrictions

All of 40 CFR 268 and accompanying appendices, revised as of July 1, ~~2002~~ 2004 (and no future editions), with the exception of Part 268, Subpart B, are incorporated by reference and are on file with the DEQ. Copies of 40 CFR 268 are available at www.access.gpo.gov/cgi-bin/efrassemble.cgi_gpoaccess.gov/cfr/index.html.

R18-8-270. Hazardous Waste Permit Program

- A. All of 40 CFR 270, revised as of July 1, ~~2002~~ 2004 (and no future editions), with the exception of §§ 270.1(a), 270.1(c)(1)(i), 270.3, 270.10(g)(1)(i), 270.60(a) and (b), and 270.64, is incorporated by reference and modified by the following subsections, and is on file with the DEQ. Copies of 40 CFR 270 are available at www.access.gpo.gov/cgi-bin/efrassemble.cgi_gpoaccess.gov/cfr/index.html.
- B. No change
1. No change
 - a. No change
 - b. No change
 - c. No change
 2. No change
 - a. No change
 - b. No change
- C. No change
- D. No change
- E. No change
- F. No change
- G. No change
1. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 2. No change
 - a. No change
 - b. No change
 3. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 4. No change
 5. No change
 6. No change
 - a. No change
 - b. No change
 7. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. No change
 - g. No change

- h. No change
- i. No change
- j. No change
- 8. No change
- 9. No change
- H. No change
- I. No change
- J. No change
- K. No change
- L. No change
- M. No change
- N. No change
- O. No change
- P. No change
- Q. No change
- R. No change
- S. No change

R18-8-271. Procedures for Permit Administration

- A. All of 40 CFR 124 and the accompanying appendix, revised as of July 1, 2002 (and no future editions), relating to HWM facilities, with the exception of §§ 124.1 (b) through (e), 124.2, 124.4, 124.16, 124.20 and 124.21 are incorporated by reference and modified by the following subsections and are on file with the DEQ. Copies of 40 CFR 124 are available at www.access.gpo.gov/cgi-bin/cfr/asmble.cgi gpoaccess.gov/cfr/index.html.
- B. No change
- C. No change
- D. No change
- E. No change
- F. No change
- G. No change
- H. No change
- I. No change
- J. No change
- K. No change
- L. No change
- M. No change
- N. No change
- O. No change
- P. No change
- Q. No change
- R. No change
- S. No change
- T. No change