

NOTICES OF FINAL RULEMAKING

The Administrative Procedure Act requires the publication of the final rules of the state's agencies. Final rules are those which have appeared in the *Register* first as proposed rules and have been through the formal rulemaking process including approval by the Governor's Regulatory Review Council or the Attorney General. The Secretary of State shall publish the notice along with the Preamble and the full text in the next available issue of the *Register* after the final rules have been submitted for filing and publication.

NOTICE OF FINAL RULEMAKING

TITLE 6. ECONOMIC SECURITY

CHAPTER 6. DEPARTMENT OF ECONOMIC SECURITY DEVELOPMENTAL DISABILITIES

Editor's Note: The following Notice of Final Rulemaking was reviewed per Executive Order 2011-05 as issued by Governor Brewer. (See the text of the executive order on page 1503.) The Governor's Office authorized the notice to proceed through the rulemaking process on May 25, 2010.

[R11-96]

PREAMBLE

1. Sections Affected

Article 23
R6-6-2301
R6-6-2302
R6-6-2303
R6-6-2304
R6-6-2305
R6-6-2306
R6-6-2307
R6-6-2308
R6-6-2309
R6-6-2310
R6-6-2311

Rulemaking Action

New Article
New Section
New Section

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

Authorizing statutes: A.R.S. §§ 36-554(C)(6) and 41-1954(A)(3)

Implementing statutes: A.R.S. §§ 36-557 and 36-595, as amended by Laws 2010, 49th Legislature, 2nd Regular Session, Ch. 228

3. The effective date of the rules:

July 12, 2011

The Department requests an immediate effective date for this rule package under A.R.S. § 41-1032(A)(4), because the rules provide a benefit to the public, and a penalty is not associated with a violation of the rules. These rules will provide a process by which the Department will grant "deemed status" to providers of services for people with developmental disabilities. Applying for deemed status is voluntary, and providers who obtain deemed status receive the benefit of fewer monitoring visits by the Department.

4. A list of all previous notices appearing in the Register addressing the final rule:

Notice of Rulemaking Docket Opening: 17 A.A.R. 301, February 25, 2011

Notice of Proposed Rulemaking: 17 A.A.R. 292, February 25, 2011

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

Name: Beth Broeker

Address: Department of Economic Security
P.O. Box 6123, Site Code 837A
Phoenix, AZ 85005

or

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Department of Economic Security
1789 W. Jefferson St., Site Code 837A
Phoenix, AZ 85007

Telephone: (602) 542-6555
Fax: (602) 542-6000
E-mail: bbroecker@azdes.gov

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

The purpose of this rulemaking is to provide a process by which the Department can grant deemed status to providers of services for people with developmental disabilities. The rules will also explain the requirements for providers presenting evidence of current accreditation from a nationally recognized organization.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did 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:

None

8. 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

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

The anticipated economic impact of this rulemaking is minimal, as any costs incurred are voluntary and result from legislative action, not the rulemaking itself. The persons who will be directly impacted by this rulemaking are businesses and individuals who provide services to persons with developmental disabilities. Neither the enabling legislation nor the rulemaking impose any obligation on a provider to obtain national accreditation. For those providers who choose to obtain national accreditation, the Department anticipates that the economic impact will be moderate to substantial. The cost to providers to obtain national accreditation that would entitle them to apply for deemed status under this rule is a business cost that the provider will assume, in anticipation of the market benefits associated with national accreditation, and the decreased costs that may result from less monitoring by the Department. No individual consumers will be directly impacted by this rulemaking.

The anticipated economic impact of this rulemaking on the Department includes the minimal cost associated with administering the program and the cost of rulemaking activity. This cost may be offset in part or in whole by the reduction in expenses resulting from the decreased monitoring of providers that apply for and obtain deemed status. Other than the cost of rulemaking activity, the Department does not expect the rulemaking to have any additional economic impact on any other public entities or agencies.

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

The following non-substantive changes were made since the publication of the Notice of Proposed Rulemaking:

R6-6-2301(1): The defined word "accredited" was changed to "accreditation" because the Department intends to define the word in its noun form, since it means a status.

R6-6-2301(3): The words "relating to the accreditation that" were added after "information" to improve clarity.

R6-6-2301(11) and throughout the rules: The words "or 'accrediting agency'" were added to the definition of "Nationally recognized agency." "Agency" has been inserted to replace "organization" and "body" throughout the rules, to make the terminology consistent.

The Division's web site address has been changed, because the previously listed address was incorrect.

R6-6-2302(A)(2)(c): Two types of documentation were removed from the requirements because the Department can obtain the documents from other sources. In addition, the language was amended to clarify that the Department requires only documentation relating to the accreditation.

R6-6-2303(A)(2)(b): The language was edited to change the provision from passive to active voice.

R6-6-2304: The language was amended to clarify that the Department requires only documentation relating to the accreditation, and what types of documentation are required.

R6-6-2308: The words "Programmatic and Contractual" were added to the heading for clarification.

R6-6-2308(A): The words "for residential care service providers described in A.R.S. § 36-557(G)(2)" were added to increase clarity.

R6-6-2309(A)(1): The words "that affect health and safety" were added for clarification. The words "one or more instances" were added after "finds" to increase clarity.

R6-6-2309(A)(3): The language was edited to change the provision from passive to active voice.

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R6-6-2310(A) and (B): The reference to the specific unit within the Division was removed, because that unit may not maintain the same name over time.

In addition, minor typographical and grammatical changes were made at the request of G.R.R.C. staff.

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

	Section	Comment	Comment/Action
1.	<u>Economic, small business and consumer impact</u>	A comment was received that challenged the minimal economic impact of this rulemaking. The commenter asserted that the cost savings to the Department were substantial from the reduced monitoring requirements for providers that were granted deemed status.	Any cost savings to the Department from fewer monitoring visits to providers with deemed status are a result of the statute, not the rulemaking activity.
2.	<u>Economic, small business and consumer impact</u>	A comment was received asserting that the cost to providers to obtain deemed status can be a substantial cost.	Any cost to a provider to obtain deemed status recognition from the Department is a result of the statute, not the rulemaking activity. This rule provides a process for a provider with national accreditation to obtain deemed status from the Department that can reduce the number of programmatic and contractual monitoring activities by the Department. The cost to the provider to obtain national accreditation is not attributable to the rulemaking activity, but the Department agrees that it can be substantial.
3.	<u>Economic, small business and consumer impact</u>	A comment was received asserting that individuals served by the Department can suffer an adverse impact from the Department's monitoring activities (such as disruptions in the home or late visits from monitors) that, in turn, can result in increased costs to the provider.	The rule does not alter the statutory requirements for programmatic and contractual monitoring, except to reduce the number of monitoring visits for providers with deemed status. Any adverse impact to the consumer or increased cost to the provider is a result of programmatic and contractual monitoring requirements of the statute, not the rulemaking activity. The statute and the rule both provide for fewer monitoring visits for providers with deemed status which would necessarily result in less impact on both consumers and providers.
4.	<u>R6-6-2302(A)(2)(c)(ii)</u>	A comment was received addressing the requirement of the proposed rule R6-6-2302(A)(2)(c)(ii) that policies and procedures be submitted with applications for deemed status.	The Department agrees with the comment that organizations should not have to submit policies and procedures when a request for deemed status is made. The Department has access to the provider's policies and procedures through the contracting and monitoring process and will remove this requirement from the proposed rule.
5.	<u>R6-6-2302(A)(2)(c)(iii)</u>	A comment was received addressing the requirement of the proposed rule R6-6-2302(A)(2)(c)(iii) that applicant submit documentation of staff credentials with their application for deemed status.	The Department agrees that credentialing information can be obtained through other Department sources and will remove this requirement from the proposed rule.

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6.	<u>R6-6-2308(B)</u>	A comment was received that challenged the wisdom of allowing the Department to revoke deemed status based on a “belief” that the provider was not adhering to Department standards.	The comment misstates the language of the rule. The rule requires the Department to have “reasonable cause to believe” that the provider is not adhering to the programmatic or contractual requirements of the Department. R6-6-2308(B). The “reasonable cause to believe” language of this rule is identical to the statutory language of 36-557(G)(2): “... On determination by the department that there is reasonable cause to believe a service provider is not adhering to the department’s programmatic or contractual requirements, the department and any duly designated employee or agent of the department may enter on and into the premises at any reasonable time for the purpose of determining the state of compliance with the programmatic or contractual requirements of the department.”
7.	R6-6-2308(B)	A comment was made that “department standards” is undefined and is too vague.	The term “department standards” is defined at R6-6-2301(9). The rule identifies Department standards by reference to R6-6-2304, which states in subsection (A): “A provider with deemed status shall adhere to and be accountable for meeting all Department standards, as specified in statute, rule, contract, Department and Division policies, and Department and Division procedures.” The Department is clarifying the heading of this rule to add “Programmatic and Contractual” so that the heading of the rule now reads: “ <u>R6-6-2308. Programmatic and Contractual Monitoring of Provider with Deemed Status</u> ”
8.	<u>General R6-6-2309</u>	A comment was received that questioned the level of compliance with Department standards a provider with deemed status should be required to maintain, and noted that the current Department monitoring process “grades” a provider’s compliance in several domains on a percentage basis.	The Department’s monitoring process is not altered by the rules. The rules only affect the number of monitoring activities the Department undertakes for providers with deemed status, not the monitoring activity itself. The Department is currently meeting with providers through a chartered workgroup to revise the monitoring process, which is outside the scope of this rulemaking.
9.	<u>R6-6-2308(A) Monitoring of Provider with Deemed Status</u>	The following comment was received: “The original intent of the bill passed on deemed status was to eliminate all monitoring visits for one complete year. This paragraph states that the monitoring onsite visits would only be reduced from twice per year to one time per year. This is not what the statute says.”	A.R.S. § 36-557(G)(2) states: “Provide for mandatory monitoring by the department for health, safety, contractual and programmatic standards at least every six months, unless the department has granted deemed status to the service provider. If the department has granted deemed status, it shall monitor once each year.”
10.	<u>R6-6-2309 Revocation of Deemed Status</u>	A comment was received that questioned the fairness of the provision requiring the Department to revoke deemed status when the national accreditation body finds any instance of uncorrected noncompliance with accreditation requirements.	The Department agrees with the concern raised by the comment. The words “that affect health and safety” were added to limit the type of noncompliance that will result in revocation of deemed status.

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

None

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

None

14. Was this rule previously made as an emergency rule?

Not applicable

15. The full text of the rules follows:

TITLE 6. ECONOMIC SECURITY

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

ARTICLE 23. DEEMED STATUS

Section

<u>R6-6-2301.</u>	<u>Definitions</u>
<u>R6-6-2302.</u>	<u>Deemed Status: Eligibility, Application, and Limitations</u>
<u>R6-6-2303.</u>	<u>Time-frame for Department Review of Application</u>
<u>R6-6-2304.</u>	<u>Responsibilities of a Provider with Deemed Status</u>
<u>R6-6-2305.</u>	<u>Expiration and Renewal of Deemed Status</u>
<u>R6-6-2306.</u>	<u>Notice of Change in Accreditation</u>
<u>R6-6-2307.</u>	<u>Non-assignability of Deemed Status</u>
<u>R6-6-2308.</u>	<u>Programmatic and Contractual Monitoring of Provider with Deemed Status</u>
<u>R6-6-2309.</u>	<u>Revocation of Deemed Status</u>
<u>R6-6-2310.</u>	<u>Administrative Review, Appeal, and Hearing</u>
<u>R6-6-2311.</u>	<u>Judicial Review</u>

ARTICLE 23. DEEMED STATUS

R6-6-2301. Definitions

- A.** “Accreditation” means a status conferred on a provider by a nationally recognized agency that indicates the provider meets the professional standards of the reviewing body.
- B.** “Applicant” means a provider requesting deemed status from the Department.
- C.** “Application” means the letter, documents, and additional information relating to the accreditation that the Department requires an applicant to submit to request deemed status.
- D.** “Complete application” means an application that conforms to the requirements of this Article and that provides sufficient information under R6-6-2302(A) for the Department to determine that the standards of the accrediting agency meet Department standards.
- E.** “Day” means a calendar day.
- F.** “Department” means the Arizona Department of Economic Security.
- G.** “Deemed status” means that the Department has determined that a provider has been accredited by a nationally recognized agency whose accreditation standards meet Department standards for the program or service offered by the provider to Department consumers.
- H.** “Division” means the Division of Developmental Disabilities within the Arizona Department of Economic Security.
- I.** “Department standards” means programmatic and contractual requirements provided in statute, rule, contract, policy, and procedure for the program or service to which the standard applies.
- J.** “Documentation” means written information in any medium.
- K.** “Nationally recognized agency” or “accrediting agency” means a nationally recognized accrediting body for organizations, programs, and services that correspond to organizations, programs, and services for which a provider seeks deemed status under this Article. A list of nationally recognized agencies approved by the Department for purposes of deemed status is available on the Division’s web site at: <http://www.azdes.gov/ddd>.
- L.** “Provider” means an individual, agency, or other organization that provides or seeks to provide programs and services to Division consumers.

R6-6-2302. Deemed Status: Eligibility, Application, and Limitations

- A.** To be eligible for deemed status, the provider shall:
 - 1.** Have a current accreditation from a nationally recognized agency for organizations, programs, and services the pro-

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vider offers or seeks to offer to Division consumers.

2. Submit a letter to the Department's Division of Developmental Disabilities applying for deemed status. The letter shall:
 - a. Name the accrediting agency.
 - b. Specify the applicant's programs or services that the nationally recognized agency has accredited.
 - c. Include documentation of:
 - i. The current accreditation certificate.
 - ii. Correspondence between the provider and the accrediting agency relating to the accreditation, including attachments, corrective action plans, survey/credentialing reports, notices of deficiency, quality improvement plans, and any similar document, correspondence, or information that pertains to the programs, services, and staff providing the programs and services for which the provider seeks deemed status; and
 - d. State that the provider agrees to adhere to and be accountable for meeting all Department standards.
- B.** The Department shall only grant deemed status to providers who apply and satisfy the eligibility criteria in subsection (A).

R6-6-2303. Time-frame for Department Review of Application

- A.** Within 30 days of receiving an application for deemed status, the Department shall:
1. Review the application for completeness, and
 2. Send written notification to the applicant if the application is incomplete. The written notification shall state:
 - a. The reason the Department considers the application to be incomplete.
 - b. The information the Department requires the applicant to submit to complete the application.
 - c. The time-frame for submitting the additional information.
- B.** Within 45 days of receipt of a complete application, the Division shall notify the applicant in writing whether the application satisfies Department requirements for deemed status.

R6-6-2304. Responsibilities of a Provider with Deemed Status

- A.** A provider with deemed status shall adhere to and be accountable for meeting all Department standards.
- B.** A provider with deemed status shall provide the Department timely and complete copies of any correspondence or documents relating to the accreditation, including attachments, on file with or sent between the provider and the accrediting agency that pertain to the programs, services, and staff providing the programs and services for which the Department has granted deemed status to the provider. Timely and complete documentation means that the provider shall send the Division a complete copy of all correspondence between the provider and the accrediting agency within 10 days of sending or receiving the correspondence.

R6-6-2305. Expiration and Renewal of Deemed Status

- A.** Deemed status shall expire on the earlier of the expiration date of the provider's accreditation at the time of application for deemed status, or three years from the date deemed status is granted by the Department.
- B.** The Department shall renew deemed status using the same procedures in this Article for initial application.

R6-6-2306. Notice of Change in Accreditation

- A.** The provider with deemed status shall advise the Department of any change in the provider's accreditation within 10 days of the change.
- B.** Failure to provide timely notice of a change in accreditation is grounds for revocation of deemed status.

R6-6-2307. Non-assignability of Deemed Status

Deemed status is not assignable or transferable.

R6-6-2308. Programmatic and Contractual Monitoring of Provider with Deemed Status

- A.** The Department shall reduce its required monitoring visits for residential care service providers described in A.R.S. § 36-557(G)(2) from two times a year to one time a year for a residential care service provider with deemed status.
- B.** If the Department determines that there is reasonable cause to believe the provider with deemed status is not adhering to Department standards, as required this Article, the Department or its designee may enter the premises at any reasonable time for the purpose of determining the state of the provider's compliance with the programmatic or contractual requirements of the Department.
- C.** A provider's deemed status shall not limit the Department's ability to conduct a full investigation, including site visits, at any time in response to complaints, incidents, or health and safety concerns, or to require corrective action or impose other sanctions in accordance with contract and law.
- D.** The Department shall report all complaints, findings, and required corrective action to the accrediting agency.

R6-6-2309. Revocation of Deemed Status

- A.** The Department shall revoke deemed status:
1. When the accrediting agency finds one or more instances of uncorrected noncompliance with accreditation standards that affect health and safety;
 2. When the accreditation status of the provider, program, or service expires without renewal;

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- 3. When the accrediting agency withdraws the provider's accreditation or downgrades the provider's accreditation to a level or category that does not meet Department standards;
 - 4. When the Department finds that the provider is not adhering to Department standards;
 - 5. When the Department finds that the standards of the accrediting agency no longer meet Department standards;
 - 6. If the accrediting agency ceases to exist; or
 - 7. If the Department determines that the provider has not timely reported a change in its accreditation under this Article.
- B.** The Department shall give a provider with deemed status written notice of the Department's decision to revoke deemed status. The written notice shall inform the provider of the right to administrative review if the provider disagrees with the Department's revocation decision.

R6-6-2310. Administrative Review, Appeal, and Hearing

- A.** A provider seeking administrative review of the Department's decision to revoke deemed status may, within 35 calendar days of the decision, file a written request with the Division.
- B.** The Division shall review the request for an administrative review and render a written decision within 30 calendar days of receipt of the request.
- C.** The procedures in 6 A.A.C. 6, Article 22 shall govern an appeal of any administrative review decision. These procedures provide for a hearing before the Department's Office of Appeals and further review by the Department's Appeals Board.

R6-6-2311. Judicial Review

Any person adversely affected by an Appeals Board decision may seek judicial review as prescribed in A.R.S. § 41-1993.

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TITLE 9. HEALTH SERVICES

**CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
ADMINISTRATION**

Editor's Note: The following Notice of Final Rulemaking was reviewed per Executive Order 2011-05 as issued by Governor Brewer. (See the text of the executive order on page 1503.) The Governor's Office authorized the notice to proceed through the rulemaking process on January 20, 2011.

[R11-95]

PREAMBLE

1. Sections Affected

R9-22-712.20
R9-22-712.25
R9-22-712.30
R9-22-712.35
R9-22-712.40

Rulemaking Action

Amend
Amend
Amend
Amend
Amend

2. The specific 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(H)

3. The effective date of the rules:

The rules are effective October 1, 2011, which is more than 60 days after the filing of the rules with the Secretary of State. The Administration determined that good cause exists for and the public interest will not be harmed by the later effective date, as required by A.R.S. § 41-1032(B).

4. A list of all previous notices appearing in the Register addressing the final rules:

Notice of Rulemaking Docket Opening: 17 A.A.R. 269, February 18, 2011
Notice of Proposed Rulemaking: 17 A.A.R. 264, February 18, 2011

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

Name: Mariaelena Ugarte
Address: AHCCCS
Office of Administrative Legal Services
701 E. Jefferson St., Mail Drop 6200

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Phoenix, AZ 85034

Telephone: (602) 417-4693

Fax: (602) 253-9115

E-mail: AHCCCSRules@azahcccs.gov

6. An explanation of the rule, including the agency’s reasons for initiating the rule:

The current rule (R9-22-712.40) requires that the fee schedule for outpatient hospital reimbursement be “rebased” every five years using the most current available Medicare cost data.

In the five years since the original adoption of the current rule, AHCCCS has identified the need to consider a number of refinements to the existing reimbursement methodology to ensure proper cost containment and provide more equitable compensation among hospitals. This rulemaking addresses some of the issues identified including, but not limited to: (1) adjusting the peer group modifiers (that is, applying a specific multiplier to the base payment otherwise payable to certain type of hospitals as described under R9-22-712.35) that are currently fixed in rule and their application to certain charges, (2) adjusting payment for outpatient observation services, (3) clarifying the payment process that reimburses hospitals for a bundle of services that span multiple dates of service as described under R9-22-712.25, and (4) clarifying settings that qualify for payment as outpatient hospital settings.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did 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:

AHCCCS analyzed Medicare cost data provided by AHCCCS participating hospitals, claims paid by AHCCCS, and encounters paid by or reported by AHCCCS managed care organizations to assist the AHCCCS Administration in arriving at the rebased figures. No formal studies by third parties were relied upon for the implementation of this rule-making.

8. 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

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

The new rules are anticipated to bring outpatient hospital cost reimbursement into a more equitable arrangement for all Arizona hospitals. The goal of the proposed rule is to establish an outpatient reimbursement methodology that contributes to an overall hospital reimbursement methodology that is consistent with efficiency, economy, quality care and appropriate access to care. In aggregate, the total payment for hospital outpatient services is expected to remain the same.

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

No substantial changes have been made between the proposed rules and the final rules below. The Administration made the rules more clear, concise, and understandable by making grammatical, verb tense, punctuation, and structural changes throughout the rules.

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

<u>Numb:</u>	<u>Date/ Commentor:</u>	<u>Comment:</u>	<u>Response:</u>
1.		R9-22-712.35(B)(5) or (D) The measures exclude both Southern Arizona children’s medical centers, including the region’s largest pediatric program that cares for nearly 50 percent of the Southern Arizona children. Given the current language in the outlier fee structure, TMC would be excluded from the outpatient fee schedule adjustments provided to hospitals in Maricopa County.	AHCCCS’ aim was to recognize the significant expense realized by a hospital that serves a large portion of our pediatric members. We determined that this would be a hospital with at least 100 pediatric beds that represent approximately 20% of the hospital’s licensed beds. TMC’s pediatric beds comprise nine to 10% of its total licensed beds. This does not show that TMC has dedicated a large portion of its business to pediatric care.

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Numb:	Date/ Commentor:	Comment:	Response:
1. <i>continued</i>		The proposed schedule calls for a rate adjustment for hospitals with more than 100 pediatric beds. That number may be appropriate for a metropolitan area such as Maricopa County, but does not match the demand for beds in Pima County. Keep in mind, of course, that Diamond Children's Medical Center at University Medical Center and TMC for Children serve the same role and function in terms of carrying for the pediatric population in Pima County as the children's hospitals and medical centers in Maricopa County.	
2.	03/22/11 Steve Bush TMC	R9-22-712.35 (D) For the period January thru June 2010, TMC had the second highest number of pediatric AHCCCS patients seen in the emergency department. However, with the exclusion of NICU beds, neither of the two Southern Arizona children's medical centers meet the criteria outlined in the proposed schedule.	AHCCCS chose inpatient beds as a proxy for outpatient costs since licensed beds is a constant number that can be used immediately since they do not fluctuate from day to day and correlate with capital expenditures for pediatric care. Neonatal Intensive Care Unit (NICU) beds are more a function of obstetric care than pediatric care.
3.	03/22/11 Steve Bush TMC	TMC recommends an approach that combines inpatient and emergency department (outpatient) volumes that would be inclusive of children's medical centers throughout the state. We recommend that AHCCCS Administration consider adjusting the qualifying numbers to be 50 beds and/or more than 20,000 annual pediatric emergency department visits. This combination recognizes the importance of opening the appropriate number of beds based on community size and need. It also recognizes the important role emergency departments play in caring for the pediatric patient population.	Number of inpatient beds was chosen as a proxy to identify hospitals with high pediatric volume and correspondingly high pediatric costs. In addition, the number of inpatient beds is a more stable measure than the number of outpatient visits that may vary from year to year. Outpatient visit data is difficult to collect on a timely basis and doesn't allow for adequate reimbursement to new hospitals that intend to serve a significant number of children. Lowering the threshold to include hospitals with 50 or more pediatric beds would not achieve AHCCCS' objective of targeting hospitals with a pediatric emphasis. In addition, a lower threshold of pediatric beds would include several more hospitals and require a reduction or elimination of the adjustment because they would no longer be sufficiently unique to justify a modifier.

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Numb:	Date/ Commentor:	Comment:	Response:
4.	03/22/11 Susan Watchman, Gammage and Burnham	<p>Other than complexity, the most frequent frustrations that hospital business office staff express about the outpatient system is the timing and manner of “Table updates” to conform to Medicare coding (procedure and APC changes) or implement AHCCCS-specific coding and the inability to research historic information reliably. Our experience has been that although existing R9-22-712.40(A) states that AHCCCS <i>shall</i> add new procedure codes for covered outpatient procedures to its system, AHCCCS has been slow to update the fee schedules and reference extracts (together referred to herein as “Tables”). Moreover, it has been unclear whether AHCCCS follows Medicare with regard to when changes are effective – some Medicare changes are based on date of service, while others are effective based on bill date.</p> <p>Medicare coding guidelines are considered the default for legally compliant billing in the absence of published instructions from the AHCCCS Administration as the single state agency.</p> <p>AHCCCS policy was that bilateral procedures had to be billed on two lines with a modifier of 50. In February 2008, AHCCCS announced in the Claims Clues that it would finally adopt the billing protocol used by Medicare and commercial insurers effective January 2008. Hospitals followed the directions in the Claims Clues but their claims were denied because it was not until the Fall of 2009 that AHCCCS actually made the change to its Tables. Ultimately claims were never paid or only paid after great effort.</p>	<p>Consistent with the current rule the updates and their effective dates are published on our web site www.azahcccs.gov. The information provided on the web site indicates whether the effective date relates to the date of service or the bill date.</p> <p>Consistent with A.R.S. § 36-2903.01(B)(6) changes are published and posted to the AHCCCS web site at least 30 days in advance of the effective date of the change.</p> <p>While this rule states that AHCCCS will adopt new procedure codes and may assign the Medicare rate to the new code, that does not mean that AHCCCS follows <i>all</i> Medicare billing standards or procedures.</p> <p>Unless an AHCCCS statute, rule or policy explicitly adopts Medicare billing standards or procedures, providers should not assume that AHCCCS follows Medicare billing standards.</p> <p>R9-22-712.20(C) and R9-22-712.25(C) have been modified to state that the tables and their effective dates are posted the AHCCCS web site.</p>

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Numb:	Date/ Commentor:	Comment:	Response:
5.	03/22/11 Susan Watchman, Gammage and Burnham	<p>We recognize that the dollars involved in individual lines may be small. But that is precisely why hospitals should not be “nickel and dimed” or forced to go through cost-ineffective methods to get paid. We therefore request that AHCCCS, preferably in regulation, protect hospitals from timeliness denials due to coding discrepancies when AHCCCS has not issued explicit instructions that AHCCCS specific coding not be used, or has published conflicting information in its material and systems. We would suggest something along the lines of the following changes to R9-22-712.40:</p> <p>A. Procedure codes. When procedure codes are issued by CMS and added to <u>or deleted from</u> the Current Procedural Terminology published by the American Medical Association, AHCCCS shall add the new procedure codes for covered outpatient services and shall either assign the default CCR, the Medicare rate, or calculate an appropriate fee. <u>AHCCCS shall additionally revise or delete codes as revised or deleted by CMS.</u></p> <p>C. <u>If a hospital bills a claim in accordance with codes issued by CMS and the claim is inconsistent with coding information posted on the AHCCCS web site or provided to Contractors but not made publicly available to providers, the claim shall not be considered an “unclean” based solely on the coding inconsistency. The Contractor or Administration when acting as payer shall be required to notify the hospital of the specific coding inconsistency that is causing the claim or a line of a claim to deny or pay less than expected. The hospital shall have sixty (60) days from notification or one year from date of service, whichever is later, to submit a revised claim. If the hospital files a claim dispute based on the code inconsistency or for any other reason, the Contractor or Administration shall allow the hospital to revise its claim as part of the dispute resolution process, including any case in which coding inconsistency was not the basis for the dispute but subsequently causes the claim to deny or pay less than expected after the dispute is upheld.</u></p>	<p>The AHCCCS Administration does not have statutory authority to change the timeliness requirements or the definition of “clean claims” described in A.R.S. § 36-2904(G).</p>

Arizona Administrative Register / Secretary of State

Notices of Final Rulemaking

Numb:	Date/ Commentor:	Comment:	Response:
6.		<p>We have had discussions with AHCCCS staff in which we are told that changes are prospective, but which appear on the published Tables or in system information accessible only to plans with dates suggesting retrospective application. We would urge AHCCCS to make the following administrative changes:</p> <ol style="list-style-type: none"> 1. Archive prior versions of Tables in a publicly accessible portion of the AHCCCS web site for at least five years. This will allow providers and plans to see code history during a claim processing or dispute process. 2. Integrate code change information currently published in both Claims Clues and Encounter Keys. 3. Neither Claims Clues or Encounter Keys are indexed or searchable, which limits their use for research. AHCCCS should all annual or semiannual indexes to these publication. 4. AHCCCS should publish notices in written material (e.g. Claims Clues or written notices to hospitals) identifying code changes that will be applied retroactively any earlier than a specified period (e.g. identify any change retroactive more than three months prior to the announced change). Impose strict oversight on plan claims projects related to adjusting OP claims that based solely on coding issues. 	<p>As indicated by the commenter, the suggested changes are administrative and would not be appropriate for rulemaking.</p> <p>This suggestion will be considered for future policy clarification; however, it is beyond the scope of this rulemaking.</p>
7.	03/01/11 Merrick Morgan	<p>Pursuant to section B-1 of above referenced section [R9-22-712.20] “When clinic services are billed using 51X revenue codes, the reimbursement is the difference between the facility and non-facility rates”</p> <p>Does this mean that if the clinic is a hospital based clinic the hospital receives the non-facility rate plus the difference between the facility and non-facility rate? Can you explain the reimbursement please.</p>	<p>When clinic services are billed using 51X revenue codes, the reimbursement is the difference between the facility and non-facility rates from the physician fee schedule.</p> <p>Here is an example:</p> <p>Patient goes to physician office, physician is paid the non-facility rate, which reimburses for the procedure/service plus a bump for overhead office costs: \$44.00.</p> <p>Patient goes to a clinic, physician is paid the facility rate, which is only the rate for the procedure/service and no bump for overhead costs: \$32.00</p> <p>In this second case, the facility (hospital based clinic or otherwise) would receive the difference between these two rates: \$12.00 as the overhead office cost for the visit. If this is a hospital-based clinic and the hospital has a PGM, that would apply to the \$12.00.</p> <p>In response to this comment, R9-22-712.20(B)(1) has been clarified by adding “<u>payable to the practitioner for the procedures listed...</u>”</p>

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

Not applicable

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

Not applicable

14. Was this rule previously adopted as an emergency rule?

No

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
ADMINISTRATION

ARTICLE 7. STANDARDS FOR PAYMENTS

Section

- R9-22-712.20. Outpatient Hospital Reimbursement: Methodology for the AHCCCS Outpatient Capped ~~Fee For Service~~ Fee-for-service Schedule
- R9-22-712.25. Outpatient Hospital Fee Schedule Calculations: Associated Service Costs for ER and Surgery Services
- R9-22-712.30. Outpatient Hospital Reimbursement: Payment for a Service Not Listed in the AHCCCS Outpatient Capped ~~Fee For Service~~ Fee-for-service Schedule
- R9-22-712.35. Outpatient Hospital Reimbursement: Adjustments to Fees
- R9-22-712.40. Outpatient Hospital Reimbursement: Annual and Periodic Update

ARTICLE 7. STANDARDS FOR PAYMENTS

R9-22-712.20. Outpatient Hospital Reimbursement: Methodology for the AHCCCS Outpatient Capped ~~Fee For Service~~ Fee-for-service Schedule

~~To establish the AHCCCS Outpatient Capped Fee For Service Schedule, AHCCCS shall:~~

A. To establish the AHCCCS Outpatient Capped Fee-for-service Schedule for all claims with a begin date of service on or before September 30, 2011, AHCCCS shall:

1. Define the dataset of claims and encounters that shall be used to establish the AHCCCS Outpatient Capped ~~Fee For Service~~ Fee-for-service Schedule.
2. Identify all the claims and encounters from non-IHS acute hospitals located in Arizona for services ~~that shall to~~ be paid under the AHCCCS Outpatient Capped ~~Fee For Service~~ Fee-for-service Schedule.
3. Match the revenue code on each detail of each claim and encounter to the ancillary line item CCR as reported on hospital-specific mapping documents and hospital-specific Medicare Cost Report for those hospitals that have submitted Medicare Cost Reports FYE 2002.
4. Multiply the line item CCR from subsection ~~(3)~~ (A)(3) by the covered billed charge for that revenue code to establish the cost for the service.
5. Inflate the cost for the service from subsection ~~(4)~~ (A)(4) using Global Insight ~~Health-Care~~ Health-care Cost Review inflation factors from date of service month to the midpoint of the rate year in which the fees are initially effective.
6. Include associated costs under R9-22-712.25 to calculate the rates for emergency room and surgery services.
7. Combine data from all Arizona hospitals identified in subsection ~~(3)~~ (A)(3) for each procedure code to establish the statewide median cost for each procedure.
8. Group procedure codes according to the Ambulatory Payment Classification (APC) System groups as listed in the most recently published CMS APC documentation, and establish a statewide median cost for each APC. Multiply each statewide median APC cost by 116 percent to establish the AHCCCS-based fee for each procedure in that specific APC group. AHCCCS shall assign each procedure in the group the same fee.
9. For those procedure codes that are not grouped into any APC, establish a procedure-specific fee using either:
 - a. The AHCCCS Non-hospital Capped ~~Fee For Service~~ Fee-for-service Fee Schedule;
 - b. ~~116%~~ 116 percent of the procedure-specific median cost AHCCCS-based fee; or
 - c. The Medicare Clinical Laboratory Fee Schedule for laboratory services.
10. Compare the AHCCCS-based fee established in subsections ~~(8)~~ (A)(8) and (9) against the comparable Medicare fee established for the Medicare APC group as listed in the 69 FR 65682, November 15, 2004. The fee for each procedure shall be the greater of the AHCCCS-based fee or the Medicare fee but no more than 150 percent of the AHCCCS-based fee; however, for those laboratory services for which a limit is established in the Medicare Clinical

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Laboratory Fee Schedule, the fee shall not exceed that limit.

11. Assign the 2005 Medicare fee in the AHCCCS Outpatient Capped ~~Fee-For-Service~~ Fee-for-service Schedule for those procedures for which there are fewer than 20 occurrences of the procedure code in the dataset, either independently, or, if applicable, for all procedure codes within an APC Group.

B. For all claims with a begin date of service on or after October 1, 2011, the AHCCCS Outpatient Capped Fee-for-service Schedule shall be derived from the CMS Medicare Outpatient Prospective Payment System (OPPS) fee schedule modified by an Arizona conversion factor determined annually in accordance with R9-22-712.40(C).

1. When clinic services are billed using 51X revenue codes, the reimbursement to the hospital is the difference between the facility and non-facility rates payable to the practitioner for the procedures listed in the Administration's Capped Fee-for-service Schedule under R9-22-710.
2. Observation services, when not billed in conjunction with a service for which a single payment is made under R9-22-712.25, are reimbursed at an hourly rate published in the Outpatient Capped Fee-for-service Schedule. This hourly rate includes reimbursement for associated services.

C. The AHCCCS Outpatient Capped Fee-for-service Schedule including the effective date of any changes to the listing are on file and posted on AHCCCS' web site.

R9-22-712.25. Outpatient Hospital Fee Schedule Calculations: Associated Service Costs ~~for ER and Surgery Services~~

A. AHCCCS shall include the costs of associated services, as defined by revenue codes and procedure codes, when determining the specific fees for the outpatient hospital procedures for emergency department and surgery services.

B. Payment made under subsection (A) or R9-22-712.20(B)(2) is inclusive of all services on the claim regardless of whether the services are provided on one or more days.

~~**C.**~~ A complete listing of the revenue codes and procedure codes for associated costs included in the payment for emergency and surgery services is including the effective date of any changes to the listing are on file and available with the AHCCCS Outpatient Capped Fee-For-Service Schedule on file and online with AHCCCS posted on AHCCCS' web site.

R9-22-712.30. Outpatient Hospital Reimbursement: Payment for a Service Not Listed in the AHCCCS Outpatient Capped ~~Fee-For-Service~~ Fee-for-service Schedule

A. AHCCCS shall calculate a statewide CCR for a service where a specific fee cannot be determined under R9-22-712.20.

B. ~~The~~ For claims with a begin date of service on or before September 30, 2011, the statewide CCR shall be calculated based on the costs and covered charges associated with a service under subsection (A) for all Arizona hospitals, using the ~~costing~~ method defined specified in R9-22-712.20(3) R9-22-712.20(A)(3).

C. For all claims with a begin date of service on or after October 1, 2011, the statewide CCR calculation shall equal either the CMS Medicare Outpatient Urban Cost-to-charge Ratio or the CMS Medicare Outpatient Rural Cost-to-charge Ratio published by CMS for the state of Arizona. AHCCCS shall use the urban cost-to-charge ratio for hospitals located in a county of 500,000 residents or more and for out-of-state hospitals. AHCCCS shall use the rural cost-to-charge ratio for hospitals located in a county of fewer than 500,000 residents. On October 1st of each year, AHCCCS shall adjust urban and rural CCRs to the CCRs as published by CMS in the *Federal Register* on or before August 1st of that year.

~~**D.**~~ To determine the payment amount for procedures where a specific fee is not determined under R9-22-712.20, the statewide CCR is multiplied ~~times~~ by the covered charges.

R9-22-712.35. Outpatient Hospital Reimbursement: Adjustments to Fees

A. ~~For all claims with a begin date of service on or before September 30, 2011, AHCCCS shall increase the ~~outpatient capped fee schedule~~ Outpatient Capped Fee-for-service Schedule established under R9-22-712.20 (except for laboratory services and out-of-state hospital services) for the following hospitals submitting any claims:~~

1. ~~By 48 percent for public hospitals on July 1, 2005, as well as and hospitals that were public anytime during the calendar year 2004;~~
2. ~~By 45 percent for hospitals in counties other than Maricopa and Pima with more than 100 Medicare PPS beds during the contract year in which the ~~outpatient capped fee schedule~~ Outpatient Capped Fee-for-service Schedule rates are effective;~~
3. ~~By 50 percent for hospitals in counties other than Maricopa and Pima with 100 or less Medicare PPS beds during the contract year in which the ~~outpatient capped fee schedule~~ Outpatient Capped Fee-for-service Schedule rates are effective;~~
4. ~~By 115 percent for hospitals designated as Critical Access Hospitals; or ~~for~~ hospitals that have not been designated as Critical Access Hospitals; but meet the criteria during the contract year in which the ~~outpatient capped fee schedule~~ Outpatient Capped Fee-for-service Schedule rates are effective;~~
5. ~~By 113 percent for a ~~freestanding children's hospital~~ Freestanding Children's Hospital with at least 110 pediatric beds during the contract year in which the ~~outpatient capped fee schedule~~ Outpatient Capped Fee-for-service Schedule rates are effective; or~~
6. ~~By 14 percent for a University Affiliated Hospital; which is a hospital that has a majority of the members of its board of directors appointed by the Board of Regents during the contract year in which the ~~outpatient capped fee schedule~~ Outpatient Capped Fee-for-service Schedule rates are effective.~~

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- B.** For all claims with a begin date of service on or after October 1, 2011, AHCCCS shall increase the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-of-state hospital services) for the following hospitals. A hospital shall receive an increase from only one of the following categories:
1. By 73 percent for public hospitals;
 2. By 31 percent for hospitals in counties other than Maricopa and Pima with more than 100 licensed beds as of October 1 of that contract year;
 3. By 37 percent for hospitals in counties other than Maricopa and Pima with 100 or fewer licensed beds as of October 1 of that contract year;
 4. By 100 percent for hospitals designated as Critical Access Hospitals or hospitals that have not been designated as Critical Access Hospitals but meet the critical access criteria;
 5. By 78 percent for a Freestanding Children's Hospital with at least 110 pediatric beds as of October 1 of that contract year; or
 6. By 41 percent for a University Affiliated Hospital, which is a hospital that has a majority of the members of its board of directors appointed by the Arizona Board of Regents.
- B.** In addition to subsection (A), the following outpatient capped fee schedule rate increase shall be established: A 50 percent adjustment for a Level 2 and 3 emergency department procedures billed by a Level 1 trauma center as defined by R9-22-2101.
- C.** In addition to subsections (A) and (B), an Arizona Level 1 trauma center as defined by R9-22-2101 shall receive a 50 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services and out-of-state hospital services) for Level 2 and 3 emergency department procedures.
- D.** Hospitals with greater than 100 pediatric beds not receiving an increase under subsection (B) shall receive an 18 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-of-state hospital services).
- ~~**E.** Fee adjustments made under subsection (A) and (B), (C) and (D) are available with the AHCCCS Outpatient Capped Fee-For-Service Schedule, which is on file with AHCCCS and posted on AHCCCS' web site, and current adjustments are posted on AHCCCS' web site.~~

R9-22-712.40. Outpatient Hospital Reimbursement: Annual and Periodic Update

- A.** Procedure codes. When procedure codes are issued by CMS and added to the Current Procedural Terminology published by the American Medical Association, AHCCCS shall add to the Outpatient Capped Fee-for-service Schedule the new procedure codes for covered outpatient services and shall either assign the default CCR under R9-22-712.40(E)(2), the Medicare rate, or calculate an appropriate fee.
- B.** APC changes. AHCCCS may reassign procedure codes to new or different APC groups when APC groups are revised by CMS. AHCCCS may reassign procedure codes to a different APC group than Medicare. If AHCCCS determines that utilization of a procedure code within the Medicare program is substantially different from utilization of the procedure code in the AHCCCS program, AHCCCS may choose not to assign the procedure code to any APC group. For procedure codes not grouped into an APC by Medicare, AHCCCS may assign the code to an APC group when AHCCCS determines that the cost and resources associated with the non-assigned code are substantially similar to those in the APC group.
- C.** Annual update for Outpatient Hospital Fee Schedule. Beginning October 1, 2006, AHCCCS shall adjust outpatient fee schedule rates:
- Annually by multiplying the rates effective during the prior year by the Global Insight Prospective Hospital Market Basket Inflation Index; or
 - In a particular year the director may substitute the increases in subsection (C)(1) by calculating the dollar value associated with the inflation index in subsection (C)(1), and applying the dollar value to adjust rates at varying levels.
- D.** Rebase. AHCCCS shall rebase the outpatient fees every five years.
- E.** Statewide CCR-:
- For begin dates of service on or before September 30, 2011, The the statewide CCR calculated in R9-22-712.30 shall be recalculated at the time of rebasing. When rebasing, AHCCCS may ~~consider recalculating~~ recalculate the statewide CCR based on the costs and charges for services excluded from the outpatient hospital fee schedule.
 - For begin dates of service on or after October 1, 2011, the statewide CCR shall be set under R9-22-712.30(C).

NOTICE OF FINAL RULEMAKING

TITLE 10. LAW

CHAPTER 4. ARIZONA CRIMINAL JUSTICE COMMISSION

Editor's Note: The following Notice of Final Rulemaking was reviewed per Executive Order 2011-05 as issued by Governor Brewer. (See the text of the executive order on page 1503.) The Governor's Office authorized the notice to proceed through the rulemaking process on December 2, 2009.

[R11-94]

PREAMBLE

1. Sections Affected

Article 3
R10-4-301
R10-4-302
R10-4-303
R10-4-304
R10-4-305

Rulemaking Action

New Article
New Section
New Section
New Section
New Section
New Section

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

Authorizing statute: A.R.S. §§ 41-2401(G) and 41-2405(A)(8)

Implementing statute: A.R.S. § 41-2401(D)(6), (7), (8), and (9)

3. The effective date for the rules:

September 10, 2011

As specified under A.R.S. § 41-1032(A), the rules will be effective 60 days after the Notice of Final Rulemaking is filed with the Office of the Secretary of State.

4. List of all previous notices appearing in the Register addressing the final rules:

Notice of Rulemaking Docket Opening: 16 A.A.R. 1913, September 24, 2010

Notice of Proposed Rulemaking: 16 A.A.R. 1909, September 24, 2010

Notice of Supplemental Proposed Rulemaking: 17 A.A.R. 320, March 4, 2011

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

Name: John A. Blackburn, Jr.

Address: Arizona Criminal Justice Commission
1110 W. Washington St., Suite 230
Phoenix, AZ 85007

Telephone: (602) 364-1171

Fax: (602) 364-1175

E-mail: jrblackburn@azcjc.gov

6. An explanation of the rules, including the agency's reasons for initiating the rulemaking:

During the 3rd Special Legislative Session of 2009, the legislature amended A.R.S. § 41-2401(D)(9) to require that monies in the Criminal Justice Enhancement Fund be distributed directly to county sheriffs rather than to the Arizona Department of Corrections for allocation to the county sheriffs. This change resulted in confusion regarding the agency responsible for making rules regarding the allocation of the monies. During its most recent session, the legislature eliminated this confusion by amending A.R.S. § 41-2405(A)(8). The law now clearly indicates that the Arizona Criminal Justice Commission is to make rules regarding allocation of monies in the Criminal Justice Enhancement Fund. This rulemaking makes the required rules for handling and allocating Fund monies directly to the Arizona Departments of Public Safety and Law, the Supreme Court, and county sheriffs for purposes specified in statute.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did 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:

None

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- 8. A showing of good cause why the rules are necessary to promote a statewide interest if the rules will diminish a previous grant of authority of a political subdivision of this state:**
Not applicable
- 9. The summary of the economic, small business, and consumer impact:**
The rules will have minimal economic impact on the Arizona Departments of Public Safety and Law, the Supreme Court, and the county sheriffs. Each of these entities will incur the cost of preparing the guidelines required by the rules, maintaining records, and submitting necessary reports. However, the benefit from receiving substantial sums of money from the Criminal Justice Enhancement Fund will greatly exceed the costs.
- 10. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):**
Only minor, non-substantive changes were made between the proposed and final rules. Some of these changes result from comments by G.R.R.C. staff.
- 11. A summary of the comments made regarding the rules and the agency response to them:**
No comments were received regarding the Notice of Supplemental Proposed Rulemaking.
- 12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**
None
- 13. Incorporations by reference and their location in the rules:**
None
- 14. Were these rules previously made as emergency rules?**
No
- 15. The full text of the rules follows:**

TITLE 10. LAW

CHAPTER 4. ARIZONA CRIMINAL JUSTICE COMMISSION

ARTICLE 3. ~~REPEALED~~ CRIMINAL JUSTICE ENHANCEMENT FUND

Section

- R10-4-301. ~~Repealed~~ Definitions
R10-4-302. ~~Repealed~~ Contact Information Required
R10-4-303. ~~Repealed~~ Fund Guidelines Required
R10-4-304. ~~Repealed~~ Records Required
R10-4-305. ~~Repealed~~ Complaints

ARTICLE 3. ~~REPEALED~~ CRIMINAL JUSTICE ENHANCEMENT FUND

R10-4-301. ~~Repealed~~ Definitions

In this Article:

1. “Commission” means the Arizona Criminal Justice Commission.
2. “Contact” means the individual representative of a recipient or the Arizona Sheriffs’ Association, on behalf of the various county Sheriffs’ Offices, who communicates with the Commission regarding the Fund.
3. “Enhance” or “enhancing,” as used in A.R.S. § 41-2401(D), means to supplement rather than replace monies from other sources.
4. “Fund” means the Criminal Justice Enhancement Fund established by A.R.S. § 41-2401(A).
5. “Head” means:
 - a. The Director of the Arizona Department of Public Safety.
 - b. The Arizona Attorney General.
 - c. The Director of the Administrative Office of the Courts, and
 - d. The Sheriff of each Arizona County.
6. “Recipient” means the Arizona Department of Public Safety, Arizona Department of Law, the Supreme Court, and each Arizona County Sheriff’s Office.

R10-4-302. ~~Repealed~~ Contact Information Required

- A.** Within 60 days after this Article takes effect, each Head and the President of the Arizona Sheriffs’ Association shall submit to the Commission the name, address, telephone and fax numbers, and e-mail of the contact.
- B.** If any of the information submitted under subsection (A) changes, the Head or the President of the Arizona Sheriffs’

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Association shall provide immediate notice of the change to the Commission.

R10-4-303. ~~Repealed Fund Guidelines Required~~

- A.** Within 60 days after this Article takes effect, the contact within the Arizona Department of Public Safety, Arizona Department of Law, and the Administrative Office of the Courts shall submit to the Commission the recipient's guidelines regarding the following:
1. The procedure for handling Fund monies until they are allocated for expenditure.
 2. The procedure used to allocate Fund monies.
 3. The procedure used to ensure that Fund monies are expended as specified in A.R.S. § 41-2401(D), and
 4. The procedure used to assess the impact of the Fund monies on enhancing criminal justice in the manner specified in A.R.S. § 41-2401(D).
- B.** Within 60 days after this Article takes effect, the contact for each county Sheriff's Office or the Arizona Sheriffs' Association shall submit to the Commission guidelines that meet the standard described in subsections (A)(3) and (4);
- C.** Within 60 days after the guidelines submitted under subsections (A) and (B) are received, the Commission shall review the guidelines and assist the contact to make any changes necessary to protect Fund monies and ensure that Fund monies are expended as specified in A.R.S. § 41-2401.
- D.** A recipient or the Arizona Sheriffs' Association shall review and, if necessary, update the guidelines. By October 1 of each year, the contact for each recipient or the Arizona Sheriffs' Association shall provide to the Commission the guidelines as revised or inform the Commission that no revision is necessary. Within 60 days after revised guidelines submitted under this subsection are received, the Commission shall review the revised guidelines and assist the contact to make any changes necessary to protect Fund monies and ensure that Fund monies are expended as specified in A.R.S. § 41-2401.

R10-4-304. ~~Repealed Records Required~~

- A.** A Head shall ensure that the following records are maintained for the recipient:
1. The amount of Fund monies available to the recipient.
 2. To whom Fund monies were disbursed and the amount of Fund monies disbursed.
 3. A detailed description of the manner in which the Fund monies are expended, and
 4. An assessment of the impact of the Fund monies on enhancing criminal justice.
- B.** A Head shall ensure that the records required under subsection (A) are:
1. Maintained for three years, and
 2. Made available, upon request, for review by the Commission and the Arizona Auditor General.
- C.** All reports required of a recipient by statute to be submitted to the Commission are subject to review and verification by the Commission.

R10-4-305. ~~Repealed Complaints~~

- A.** An individual who believes that Fund monies are being expended in a manner that is inconsistent with A.R.S. § 41-2401(D) may:
1. Submit a written complaint to the Commission; and
 2. If the complaint relates to an expenditure by a court, shall submit the complaint to the Director of the Administrative Office of the Courts.
- B.** An individual who submits a complaint shall ensure that the complaint includes sufficient information to enable the Commission to investigate the expenditure alleged to be inconsistent with A.R.S. § 41-2401(D).
- C.** Except as specified in subsection (E), if the Commission determines that an expenditure about which a complaint is submitted appears to be inconsistent with A.R.S. § 41-2401(D), the Commission shall ask the Head to explain the expenditure.
- D.** If the Commission determines that the expenditure is inconsistent with A.R.S. § 41-2401(D), the Commission shall take action allowed by law to remedy the expenditure.
- E.** The Director of the Administrative Office of the Courts shall:
1. Investigate an expenditure about which a complaint is submitted under subsection (A)(2).
 2. Determine whether the expenditure is inconsistent with A.R.S. § 41-2401(D), and
 3. Notify the Commission of the determination and any action taken to remedy the expenditure.

NOTICE OF FINAL RULEMAKING

TITLE 12. NATURAL RESOURCES

CHAPTER 4. GAME AND FISH COMMISSION

Editor's Note: The following Notice of Final Rulemaking was reviewed per Executive Order 2011-05 as issued by Governor Brewer. (See the text of the executive order on page 1503.) The Governor's Office authorized the notice to proceed through the rulemaking process on August 19, 2010.

[R11-93]

PREAMBLE

- 1. Sections Affected**

R12-4-102	<u>Rulemaking Action</u>
R12-4-205	Amend
	New Section

- 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. §§ 17-231(A)(1) and 17-231(A)(8)
Implementing statute: A.R.S. §§ 17-333 and 17-336(B)

- 3. The effective date of the rules:**

July 12, 2011

The Commission requests an immediate effective date. Under A.R.S. § 41-1032(A)(4), an agency may request an immediate effective date when the proposed rulemaking will provide a benefit to the public and a penalty is not associated with a violation of the rule. The Commission believes that individuals who are eligible for the reduced fee Class F Youth Combination Hunting and Fishing license will benefit from a rule that establishes the fee and documentation requirements authorized under A.R.S. § 17-336(B).

- 4. A list of all previous notices appearing in the Register addressing the final rule:**

Notice of Rulemaking Docket Opening: 16 A.A.R. 2519, December 31, 2010
Notice of Proposed Rulemaking: 16 A.A.R. 2476, December 31, 2010

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

Name: Celeste Cook, Rule Writer

Address: Game and Fish Department
5000 W. Carefree Highway
Phoenix, AZ 85086

Telephone: (623) 236-7390

Fax: (623) 236-7677

E-mail: ccook@azgfd.gov

Please visit the AZGFD web site to track progress of this rule and any other agency rulemaking matters at http://www.azgfd.gov/inside_azgfd/rules/rulemaking_updates.shtml.

- 6. An explanation of the rule, including the agency's reason for initiating the rule:**

Laws 2009, 3rd Special Session, Ch. 7, § 28(B)(3) allows an agency to pursue rulemaking for an authorization enacted by the legislature after January 1, 2009.

On August 19, the Governor's office approved the Department's request to pursue rulemaking to implement Laws 2010, 2nd Regular Session, Ch. 216.

Laws 2010 amended A.R.S. § 17-336 to authorize the Commission to offer, for a reduced-fee, a Class F Youth Combination Hunting and Fishing license to eligible Arizona residents. A.R.S. § 17-336(B) further states that an eligible applicant is a member of the Boy or Girl Scouts of the United States of America who has either attained the rank of Eagle Scout or received the Gold Award.

The Department proposes to amend R12-4-102 to implement amendments to A.R.S. § 17-336 and establish the reduced-fee for an Honorary Scout Class F Youth Combination Hunting and Fishing license. The Department also amends R12-4-102 to provide additional clarity by reformatting the fee table. In addition, the Department proposes to promulgate a new rule, R12-4-205, to establish the application and documentation requirements for the Honorary Scout Class F Youth Combination Hunting and Fishing license.

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7. **A reference to any study relevant to the rule that the agency reviewed and either relied on or did 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:**
None
8. **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
9. **The summary of the economic, small business, and consumer impact:**
The Commission believes that individuals who are eligible for a reduced fee Class F Youth Combination Hunting and Fishing license will benefit from a rulemaking establishing the fee and requirements for the Honorary Scout Class F Youth Combination Hunting and Fishing license. The current license fee is \$26.50; the rule establishes a reduced fee of \$5. Eligible applicants will benefit from a cost savings of \$21.50 for each year in which the applicant is eligible, and applies, for an Honorary Scout Class F Youth Combination Hunting and Fishing license.
The Commission believes that small businesses may benefit from a slight increase in the sale of sporting goods.
10. **A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):**
The primary adult and additional adult half price Class I Resident Family Fishing License information was removed from R12-4-102 at the request of the Governor's Regulatory Review Council staff. This is done to ensure the Commission does not exceed the permissions granted by the Governor's office.
Minor grammatical and style corrections were made at the request of the Governor's Regulatory Review Council staff.
11. **A summary of the comments made regarding the rule and the agency response to them:**
The Department did not receive any comments regarding the proposed rule.
12. **Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**
Not applicable
13. **Incorporations by reference and their location in the rules:**
Not applicable
14. **Was this rule previously made as an emergency rule? If so, please indicate the Register citation:**
No
15. **The full text of the rules follows:**

TITLE 12. NATURAL RESOURCES

CHAPTER 4. GAME AND FISH COMMISSION

ARTICLE 1. DEFINITIONS AND GENERAL PROVISIONS

Section
R12-4-102. Fees for Licenses, Tags, Stamps, and Permits

ARTICLE 2. MISCELLANEOUS LICENSES AND PERMITS

Section
R12-4-205. Honorary Scout; Reduced Fee Youth Class F License

ARTICLE 1. DEFINITIONS AND GENERAL PROVISIONS

R12-4-102. Fees for Licenses, Tags, Stamps, and Permits

- A.** An individual who purchases a license, tag, stamp, or permit listed in this Section shall pay all applicable fees at the time of application, or pay fees as prescribed by the Director under R12-4-115.

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Hunting and Fishing License Fees		Fees effective for licenses, tags, stamps, and permits to be used beginning in 2007
Class A, General Fishing License		
▲ Resident	\$18.00	\$23.50
▲ Nonresident	\$51.50	\$70.25
Under A.R.S. § 17-333(A)(1), the fee for this license issued in November or December of the year for which the license is valid is half price; that includes half of the surcharge prescribed as authorized by A.R.S. § 17-345.		
Class B, Four-month Fishing License		
▲ Nonresident	\$37.50	\$39.75
Class C, Five-day Fishing License		
▲ Nonresident	\$26.00	\$32.00 + \$9.00 for each additional consecutive day
Class D, One-day Fishing License		
▲ Resident	\$12.50	\$16.25 + \$8.00 for each additional consecutive day
▲ Nonresident		\$17.25 + \$9.00 for each additional consecutive day
Class E, Colorado River Only Fishing License		
▲ Nonresident	\$42.50	\$48.75
Class F, Combination Hunting and Fishing License		
▲ Resident Adult	\$44.00	\$54.00
▲ Nonresident Adult	\$177.50	\$225.75
▲ Resident or Nonresident Youth. Fee applies before and through the calendar year of the applicant's 20th birthday.	\$25.50	\$26.50
▲ Resident or Nonresident Child. Fee applies to children who will be at least 10 years of age during the license year but will be less than 14 years of age.		\$20.00
Class G, General Hunting License		
▲ Resident	\$25.50	\$32.25
▲ Nonresident	\$113.50	\$151.25
▲ Resident or Nonresident Child. Fee applies to children who will be at least 10 years of age during the license year but will be less than 14 years of age.		\$15.00
Class H, Three-day Hunting License		
▲ Nonresident	\$51.50	\$61.25
▲ Resident Youth Group Two-day Fishing License	\$25.00	\$25.00
Class I, Resident Family Fishing License		
▲ For Primary Adult	\$28.50	\$36.25
▲ For one additional adult in the immediate family, as prescribed in A.R.S. § 17-333	+\$22.80	+\$29.00
▲ For any child in the immediate family, as prescribed in A.R.S. § 17-333	+\$2.00 per child	+\$2.00 per child
Class J, Resident Family Hunting License		
▲ For primary adult		\$32.25
▲ For one additional adult in the immediate family, as prescribed in A.R.S. § 17-333		+25.80
▲ For any child in the immediate family, as prescribed in A.R.S. § 17-333		+\$15.00 per child
Class K, Combination Resident Family Hunting and Fishing License		

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• For primary adult		\$54.00
• For one additional adult in the immediate family, as prescribed in A.R.S. § 17-333		+\$43.20
• For any child in the immediate family, as prescribed in A.R.S. § 17-333		+\$20.00 per child
Class L, Super Conservation Fishing License.		
Gives the same privileges as a Class A General Fishing License, a Class U Urban Fishing License, and a Trout Stamp.		
• Resident		\$53.00
• Nonresident		\$63.00
Class M, Super Conservation Hunting License.		
Gives the same privileges as a Class G General Hunting License, and includes a nonpermit tag for archery deer, archery turkey, fall bear, and mountain lion, and a Unit 12A (North Kaibab) Habitat Management Stamp, a State Waterfowl Stamp, and a State Migratory Bird Stamp.		
• Resident		\$118.00
Class N, Combination Super Conservation Hunting and Fishing License.		
Gives the same privileges as a Class F Combination Hunting and Fishing License and a Class U Urban Fishing License, and includes a nonpermit tag for archery deer, archery turkey, fall bear, and mountain lion, and a Unit 12A (North Kaibab) Habitat Management Stamp, a State Waterfowl Stamp, and a State Migratory Bird Stamp.		
• Resident		\$163.00
Class U, Urban Fishing License		
• Resident or Nonresident	\$16.00	\$18.50
The fee for this license issued in November or December of the year for which the license is valid is half price. That includes half the surcharge prescribed as authorized by A.R.S. § 17-345.		
Hunt Permit tag Fees		
Antelope		
• Resident	\$65.00	\$77.50
• Nonresident	\$325.00	\$477.50
Bear		
• Resident	\$14.50	\$22.25
• Nonresident	\$200.00	\$237.50
Bighorn Sheep		
• Resident	\$195.00	\$265.00
• Nonresident	\$1,000.00	\$1,400.00
Buffalo		
• Adult Bulls or Any Buffalo		
• Resident	\$750.00	\$1,087.50
• Nonresident	\$3,750.00	\$5,444.75
• Adult Cows		
• Resident	\$450.00	\$652.00
• Nonresident	\$2,250.00	\$3,255.25
• Yearling		
• Resident	\$240.00	\$355.25
• Nonresident	\$1,200.00	\$1,747.25
• Yearling or Cow		

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• Resident	\$450.00	\$652.00
• Nonresident	\$2,250.00	\$3,255.25
Deer and Archery-Deer		
• Resident	\$19.50	\$34.75
• Nonresident	\$125.50	\$225.25
• Junior, resident and nonresident		\$25.00
Elk		
• Resident	\$78.00	\$114.00
• Nonresident	\$400.00	\$587.50
• Junior, resident and nonresident		\$50.00
Javelina and Archery-Javelina		
• Resident	\$12.50	\$21.25
• Nonresident	\$70.00	\$97.50
• Junior, resident and nonresident		\$15.00
Mountain Lion		
• Resident	\$10.00	\$14.50
• Nonresident	\$200.00	\$225.00
Pheasant		
• Resident and nonresident, non-archery, non-falconry		Permit application fee only
Turkey and Archery-Turkey		
• Resident	\$11.00	\$18.00
• Nonresident	\$50.50	\$70.25
• Junior, resident and nonresident		\$10.00
Sandhill Crane		
• Resident or Nonresident	\$5.00	\$7.50
Nonpermit tag and Restricted Nonpermit tag Fees		
Antelope		
• Resident	\$65.00	\$77.50
• Nonresident	\$325.00	\$477.50
Bear		
• Resident	\$14.50	\$22.25
• Nonresident	\$200.00	\$237.50
Bighorn Sheep		
• Resident	\$195.00	\$265.00
• Nonresident	\$1,000.00	\$1,400.00
Buffalo		
• Adult Bulls or Any Buffalo		
• Resident	\$750.00	\$1,087.50
• Nonresident	\$3,750.00	\$5,444.75
• Adult Cows		
• Resident	\$450.00	\$652.00
• Nonresident	\$2,250.00	\$3,255.25
• Yearling		
• Resident	\$240.00	\$355.25
• Nonresident	\$1,200.00	\$1,747.25
• Yearling or Cow		
• Resident	\$450.00	\$652.00

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• Nonresident	\$2,250.00	\$3,255.25
Deer and Archery-Deer		
• Resident	\$19.50	\$34.75
• Nonresident	\$125.50	\$225.25
• Junior, resident and nonresident		\$25.00
Elk		
• Resident	\$78.00	\$114.00
• Nonresident	\$400.00	\$587.50
• Junior, resident and nonresident		\$50.00
Javelina and Archery-Javelina		
• Resident	\$12.50	\$21.25
• Nonresident	\$70.00	\$97.50
• Junior, resident and nonresident		\$15.00
Mountain Lion		
• Resident	\$10.00	\$14.50
• Nonresident	\$200.00	\$225.00
Pheasant		
• Resident and nonresident, non-archery, non-falconry		Permit application fee only
Turkey and Archery-Turkey		
• Resident	\$11.00	\$18.00
• Nonresident	\$50.50	\$70.25
• Junior, resident and nonresident		\$10.00
Sandhill Crane		
• Resident or Nonresident	\$5.00	\$7.50
Stamps and Special Use Permit Fees		
Arizona Colorado River Special Use Permit Stamp. For use by California fishing-license holders, resident or nonresident.	\$3.00	\$3.00
Arizona Colorado River Special Use Permit Stamp. For use as prescribed by R12-4-312.	\$3.00	\$3.00
Arizona Lake Powell Stamp. For use by resident Utah licensees.	\$3.00	\$3.00
Boat Permit Tag. For resident or nonresident.	\$2.00	\$3.00
State Waterfowl Stamp, as prescribed in A.R.S. § 17-333.01, resident or nonresident. Validates a hunting license to allow the license holder to take waterfowl as prescribed in R12-4-203.	\$7.50	\$8.75
State Migratory Bird Stamp, as prescribed in A.R.S. § 17-333.03, resident or nonresident. Validates a hunting license to allow the license holder to take migratory game birds as prescribed in R12-4-203.	\$3.00	\$4.50
Trout Stamp. Validates a Class A license to allow the license holder to take trout.		
• Resident	\$10.50	\$15.75
• Nonresident	\$49.50	\$57.75
Two-Pole Stamp, resident or nonresident. Validates a fishing license to allow the license holder to engage in simultaneous fishing, as defined in R12-4-101.	The fee for a two-pole stamp shall be \$4.00 until September 1, 2006. Afterwards, the fee shall be \$5.00.	\$6.00

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Unit 12A (North Kaibab) Habitat Management Stamp, resident or nonresident-Sikes Act stamp, validates a hunting license to allow the license holder to take deer in unit 12A as prescribed by R12-4-204.	\$15.00	\$15.00
Other License Fees		
Game Bird Field Trial License	\$5.00	\$6.00
Game Bird Hobby License	\$5.00	\$5.00
Game Bird Shooting Preserve License	\$100.00	\$115.00
Fur Dealer's License	\$100.00	\$115.00
Guide License		
• Resident or Nonresident	\$100.00	\$300.00
License Dealer's License	\$75.00	\$100.00
License Dealer's Outlet License	\$25.00	\$25.00
Live Bait Dealer's License	\$30.00	\$35.00
Private Game Farm License	\$40.00	\$57.50
Sport Falconry License (3 year license)	\$75.00	\$87.50
Taxidermist License	\$50.00	\$150.00
Trapping License		
• Resident	\$10.00	\$30.00
• Nonresident	\$50.00	\$275.00
• Resident Juvenile	\$10.00	\$10.00
White Amur Stocking and Holding License		
• Non-business. Under R12-4-424, an individual who holds a non-business white amur stocking and holding license does not pay the required fee if renewing the license.	\$200.00	\$250.00
• Business	\$200.00	\$250.00
Zoo License	\$100.00	\$115.00
Administrative Fees		
Duplicate Fee. Duplicates are not issued for Trout Stamps, Arizona Colorado River Special Use Permits, Arizona Colorado River Special Use Permit Stamps, Arizona Lake Powell Stamps, State Migratory Bird Stamps, or State Waterfowl Stamps, Two Pole Stamps, Resident Additional Fishing Day Stamps, Nonresident Additional Fishing Day Stamps, and the Unit 12A (North Kaibab) Habitat Management Stamps.	\$3.00	\$4.00
Permit Application Fee:	\$5.00	\$7.50

Hunting and Fishing License Fees	Resident	Nonresident
Class A, General Fishing License	<u>\$23.50</u>	<u>\$70.25</u>
Class A, General Fishing License issued in November or December of the year for which the license is valid; this includes half of the surcharge prescribed as authorized under A.R.S. § 17-345	<u>\$11.75</u>	<u>\$35.15</u>
Class B, Four-month Fishing License	Not available	<u>\$39.75</u>
Class C, Five-day Fishing License	Not available	<u>\$32.00 + \$9.00 for each additional consecutive day</u>
Class D, One-day Fishing License	<u>\$16.25 + \$8.00 for each additional consecutive day</u>	<u>\$17.25 + \$9.00 for each additional consecutive day</u>
Class E, Colorado River Only Fishing License	Not available	<u>\$48.75</u>
Class F, Combination Hunting and Fishing License	<u>\$54.00</u>	<u>\$225.75</u>
Youth, fee applies before and through the calendar year of the applicant's 20th birthday	<u>\$26.50</u>	<u>\$26.50</u>

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<u>Honorary Scout, fee applies to an applicant eligible under A.R.S. § 17-336(B) before and through the calendar year of the applicant's 20th birthday</u>	<u>\$5.00</u>	<u>Not available</u>
<u>Child, fee applies to children who will be at least 10 years of age during the license year but will be less than 14 years of age</u>	<u>\$20.00</u>	<u>\$20.00</u>
<u>Class G, General Hunting License</u>	<u>\$32.25</u>	<u>\$151.25</u>
<u>Child, fee applies to children who will be at least 10 years of age during the license year but will be less than 14 years of age</u>	<u>\$15.00</u>	<u>\$15.00</u>
<u>Class H, Three-day Hunting License</u>	<u>Not available</u>	<u>\$61.25</u>
<u>Resident Youth Group Two-day Fishing License</u>	<u>\$25.00</u>	<u>Not available</u>
<u>Class I, Resident Family Fishing License, as prescribed under A.R.S. § 17-333</u>		<u>Not available</u>
<u>Primary Adult</u>	<u>\$36.25</u>	
<u>One additional adult in the immediate family</u>	<u>\$29.00</u>	
<u>Any child in the immediate family</u>	<u>\$2.00 per child</u>	
<u>Class J, Resident Family Hunting License, as prescribed under A.R.S. § 17-333</u>		<u>Not available</u>
<u>Primary adult</u>	<u>\$32.25</u>	
<u>One additional adult in the immediate family</u>	<u>\$25.80</u>	
<u>Any child in the immediate family</u>	<u>\$15.00 per child</u>	
<u>Class K, Combination Resident Family Hunting and Fishing License, as prescribed under A.R.S. § 17-333</u>		<u>Not available</u>
<u>Primary adult</u>	<u>\$54.00</u>	
<u>One additional adult in the immediate family</u>	<u>\$43.20</u>	
<u>Any child in the immediate family</u>	<u>\$20.00 per child</u>	
<u>Class L, Super Conservation Fishing License. Gives the same privileges as a Class A General Fishing License, a Class U Urban Fishing License, and a Trout Stamp</u>	<u>\$53.00</u>	<u>\$63.00</u>
<u>Class M, Super Conservation Hunting License. Gives the same privileges as a Class G General Hunting License, and includes a nonpermit-tag for archery deer, archery turkey, fall bear, and mountain lion, and a Unit 12A (North Kaibab) Habitat Management Stamp, a State Waterfowl Stamp, and a State Migratory Bird Stamp</u>	<u>\$118.00</u>	<u>Not available</u>
<u>Class N, Combination Super Conservation Hunting and Fishing License. Gives the same privileges as a Class F Combination Hunting and Fishing License and a Class U Urban Fishing License, and includes a nonpermit-tag for archery deer, archery turkey, fall bear, and mountain lion, and a Unit 12A (North Kaibab) Habitat Management Stamp, a State Waterfowl Stamp, and a State Migratory Bird Stamp</u>	<u>\$163.00</u>	<u>Not available</u>
<u>Class U, Urban Fishing License</u>	<u>\$18.50</u>	<u>\$18.50</u>
<u>Class U, Urban Fishing License issued in November or December of the year for which the license is valid; this includes half of the surcharge prescribed as authorized under A.R.S. § 17-345</u>	<u>\$9.25</u>	<u>\$9.25</u>

Hunt Permit-tag Fees

Resident

Nonresident

<u>Hunt Permit-tag Fees</u>	<u>Resident</u>	<u>Nonresident</u>
<u>Antelope</u>	<u>\$77.50</u>	<u>\$477.50</u>
<u>Bear</u>	<u>\$22.25</u>	<u>\$237.50</u>
<u>Bighorn Sheep</u>	<u>\$265.00</u>	<u>\$1,400.00</u>
<u>Buffalo</u>		
<u>Adult Bulls or Any Buffalo</u>	<u>\$1,087.50</u>	<u>\$5,444.75</u>
<u>Adult Cows</u>	<u>\$652.00</u>	<u>\$3,255.25</u>

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<u>Yearling</u>	<u>\$355.25</u>	<u>\$1,747.25</u>
<u>Yearling or Cow</u>	<u>\$652.00</u>	<u>\$3,255.25</u>
<u>Deer and Archery Deer</u>	<u>\$34.75</u>	<u>\$225.25</u>
<u>Junior</u>	<u>\$25.00</u>	<u>\$25.00</u>
<u>Elk</u>	<u>\$114.00</u>	<u>\$587.50</u>
<u>Junior</u>	<u>\$50.00</u>	<u>\$50.00</u>
<u>Javelina and Archery Javelina</u>	<u>\$21.25</u>	<u>\$97.50</u>
<u>Junior</u>	<u>\$15.00</u>	<u>\$15.00</u>
<u>Mountain Lion</u>	<u>\$14.50</u>	<u>\$225.00</u>
<u>Pheasant non-archery, non-falconry</u>	<u>Permit application fee only</u>	<u>Permit application fee only</u>
<u>Turkey and Archery Turkey</u>	<u>\$18.00</u>	<u>\$70.25</u>
<u>Junior</u>	<u>\$10.00</u>	<u>\$10.00</u>
<u>Sandhill Crane</u>	<u>\$7.50</u>	<u>\$7.50</u>

Nonpermit-tag and Restricted Nonpermit-tag Fees

Resident

Nonresident

	<u>Resident</u>	<u>Nonresident</u>
<u>Antelope</u>	<u>\$77.50</u>	<u>\$477.50</u>
<u>Bear</u>	<u>\$22.25</u>	<u>\$237.50</u>
<u>Bighorn Sheep</u>	<u>\$265.00</u>	<u>\$1,400.00</u>
<u>Buffalo</u>		
<u>Adult Bulls or Any Buffalo</u>	<u>\$1,087.50</u>	<u>\$5,444.75</u>
<u>Adult Cows</u>	<u>\$652.00</u>	<u>\$3,255.25</u>
<u>Yearling</u>	<u>\$355.25</u>	<u>\$1,747.25</u>
<u>Yearling or Cow</u>	<u>\$652.00</u>	<u>\$3,255.25</u>
<u>Deer and Archery Deer</u>	<u>\$34.75</u>	<u>\$225.25</u>
<u>Junior</u>	<u>\$25.00</u>	<u>\$25.00</u>
<u>Elk</u>	<u>\$114.00</u>	<u>\$587.50</u>
<u>Junior</u>	<u>\$50.00</u>	<u>\$50.00</u>
<u>Javelina and Archery Javelina</u>	<u>\$21.25</u>	<u>\$97.50</u>
<u>Junior, resident and nonresident</u>	<u>15.00</u>	<u>\$15.00</u>
<u>Mountain Lion</u>	<u>\$14.50</u>	<u>\$225.00</u>
<u>Pheasant, non-archery, non-falconry</u>	<u>Permit application fee only</u>	<u>Permit application fee only</u>
<u>Turkey and Archery Turkey</u>	<u>\$18.00</u>	<u>\$70.25</u>
<u>Junior</u>	<u>\$10.00</u>	<u>\$10.00</u>
<u>Sandhill Crane</u>	<u>\$7.50</u>	<u>\$7.50</u>

Stamps and Special Use Permit Fees

Resident

Nonresident

	<u>Resident</u>	<u>Nonresident</u>
<u>Arizona Colorado River Special Use Permit Stamp. For use by resident California licensees</u>	<u>Not available</u>	<u>\$3.00</u>
<u>Arizona Colorado River Special Use Permit Stamp. For use as established under R12-4-312</u>	<u>\$3.00</u>	<u>\$3.00</u>
<u>Arizona Lake Powell Stamp. For use by resident Utah licensees</u>	<u>Not available</u>	<u>\$3.00</u>
<u>Bobcat Permit Tag</u>	<u>\$3.00</u>	<u>\$3.00</u>
<u>State Waterfowl Stamp, as prescribed under A.R.S. § 17-333.01. Validates a hunting license to allow the license holder to take waterfowl as established under R12-4-203</u>	<u>\$8.75</u>	<u>\$8.75</u>
<u>State Migratory Bird Stamp, as prescribed in A.R.S. § 17-333.03. Validates a hunting license to allow the license holder to take migratory game birds as prescribed under R12-4-203</u>	<u>\$4.50</u>	<u>\$4.50</u>
<u>Trout Stamp. Validates a Class A license to allow the license holder to take trout</u>	<u>\$15.75</u>	<u>\$57.75</u>
<u>Two-Pole Stamp, validates a fishing license to allow the license holder to engage in simultaneous fishing, as defined under R12-4-101</u>	<u>\$6.00</u>	<u>\$6.00</u>
<u>Unit 12A (North Kaibab) Habitat Management Stamp. Sikes Act stamp, validates a hunting license to allow the license holder to take deer in unit 12A as established under R12-4-204</u>	<u>\$15.00</u>	<u>\$15.00</u>

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Other License Fees	Resident	Nonresident
<u>Game Bird Field Trial License</u>	<u>\$6.00</u>	<u>\$6.00</u>
<u>Game Bird Hobby License</u>	<u>\$5.00</u>	<u>\$5.00</u>
<u>Game Bird Shooting Preserve License</u>	<u>\$115.00</u>	<u>\$115.00</u>
<u>Fur Dealer's License</u>	<u>\$115.00</u>	<u>\$115.00</u>
<u>Guide License</u>	<u>\$300.00</u>	<u>\$300.00</u>
<u>License Dealer's License</u>	<u>\$100.00</u>	<u>\$100.00</u>
<u>License Dealer's Outlet License</u>	<u>\$25.00</u>	<u>\$25.00</u>
<u>Live Bait Dealer's License</u>	<u>\$35.00</u>	<u>\$35.00</u>
<u>Private Game Farm License</u>	<u>\$57.50</u>	<u>\$57.50</u>
<u>Sport Falconry License (3-year license)</u>	<u>\$87.50</u>	<u>Not available</u>
<u>Taxidermist License</u>	<u>\$150.00</u>	<u>\$150.00</u>
<u>Trapping License</u>	<u>\$30.00</u>	<u>\$275.00</u>
<u>Juvenile</u>	<u>\$10.00</u>	<u>Not available</u>
<u>White Amur Stocking and Holding License, business. Initial and renewal license fee</u>	<u>\$250.00</u>	<u>\$250.00</u>
<u>White Amur Stocking and Holding License, non-business. Under R12-4-424, an individual who holds a non-business white amur stocking and holding license does not pay the required fee when renewing the license</u>	<u>\$250.00</u>	<u>\$250.00</u>
<u>Zoo License</u>	<u>\$115.00</u>	<u>\$115.00</u>

Administrative Fees	Resident	Nonresident
<u>Duplicate License Fee</u>	<u>\$4.00</u>	<u>\$4.00</u>
<u>Permit Application Fee</u>	<u>\$7.50</u>	<u>\$7.50</u>

B. An individual desiring a replacement of any of the following shall repurchase the stamp or permit:

1. Trout Stamp.
2. Arizona Colorado River Special Use Permit.
3. Arizona Colorado River Special Use Permit Stamp.
4. Arizona Lake Powell Stamp.
5. State Migratory Bird Stamp.
6. State Waterfowl Stamp.
7. Two-Pole Stamp.
8. Resident Additional Fishing Day Stamp.
9. Nonresident Additional Fishing Day Stamp.
10. Unit 12A (North Kaibab) Habitat Management Stamp.

ARTICLE 2. MISCELLANEOUS LICENSES AND PERMITS

R12-4-205. Honorary Scout; Reduced Fee Youth Class F License

- A.** An Honorary Scout Class F Youth License is offered to a resident who is:
1. Eligible for a Class F Youth License, and
 2. A member of the Boy Scouts of the United States of America and has attained the rank of Eagle Scout, or
 3. A member of the Girl Scouts of the United States of America and has attained the Gold Award.
- B.** The Honorary Scout Class F Youth License grants all of the hunting and fishing privileges of the Class F combination hunting and fishing license and is only available at Department offices.
- C.** An applicant for an Honorary Scout Class F Youth License shall apply on an application form available from any Department office and on the Department's web site at www.azgfd.gov. The applicant shall provide all of the following information on the application form:
1. The applicant's name, date of birth, Department identification number, and physical description;
 2. Current residence address or physical location of residence;
 3. Current mailing address; and
 4. The applicant's signature either witnessed by a Department employee or acknowledged by a notary public.
- D.** In addition to the application, an eligible applicant shall present with the application form:
1. For an applicant who is a member of the Boy Scouts of the United States of America, any one of the following original documents:
 - a. A certification letter from the Boy Scouts of the United States of America stating that the applicant has attained

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- the rank of Eagle Scout.
 - b. A Boy Scouts of the United States of America Eagle Scout Award Certificate, or
 - c. A Boy Scouts of the United States of America Eagle Scout wallet card.
 - 2. For an applicant who is a member of the Girl Scouts of the United States of America, any one of the following original documents:
 - a. A certification letter from the Girl Scouts of the United States of America stating that the applicant has completed the award.
 - b. A Girl Scouts of the United States of America Gold Award Certificate, or
 - c. A Girl Scouts Gold Award Certificate from the local council.
 - E.** The Department shall deny an Honorary Scout Class F Youth License to an applicant who:
 - 1. Is not eligible for the license;
 - 2. Fails to comply with the requirements of this Section; or
 - 3. Provides false information during the application process;
 - 4. The applicant may appeal the denial to the Commission as prescribed in A.R.S. Title 41, Chapter 6, Article 10.